

Cedars Care (Winscombe Hall) Limited

Winscombe Hall

Inspection report

Winscombe Hall Care Centre, Winscombe Hill
Winscombe, North Somerset, BS25 1DH
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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



Overall summary

This inspection took place on 4 November 2014 and was unannounced. The previous inspection of Winscombe Hall was on 5 December 2013. There were no breaches of the legal requirements at that time.

Winscombe Hall is a care home with nursing for up to 39 older people. The home comprises two areas known as Stable Cottage, which provides care to people with dementia, and The Halls which provides nursing care.

There was a registered manager in post. 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 service is run.

People told us they felt safe. Procedures were in place to ensure people were safe, for example when receiving care and when using the home's facilities. However, there were concerns about the availability of staff and the level of support people received. There was a risk that staffing numbers did not reflect the level of support people needed. A relative commented "We would like to see more of a staff presence, trying to find someone is difficult."

Summary of findings

The provider had made arrangements for staff development. However, not all staff had received the level of training and supervision that was expected. Staff told us about further training they would like in areas such as dementia and end of life care.

People had a choice of meals and food was prepared in different ways to meet people's individual needs. A GP visited the home regularly and people's medicines were being safely managed.

People felt valued by staff and they appreciated their friendly approach. Staff were described as "very kind" and people said the staff spoke nicely to them. A number of relatives visited regularly and felt that staff kept them well informed of significant events.

People had individual care plans which helped staff to provide support in a consistent way which met people's needs. However, there were shortfalls in how people's care was being monitored and kept under review.

People spoke positively about the registered manager, describing her, for example, as being "all for the residents." Relatives had the opportunity to give their feedback about the home and the registered manager had plans to improve communication with people overall.

The home was working towards achieving a recognised standard in relation to dementia care. The provider had systems in place for checking and monitoring the quality of the service. However these were not wholly effective in identifying areas for improvement and ensuring these were followed up.

We found four breaches of regulations during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe. There was a risk that the staffing arrangements did not reflect people's needs and the level of support they required.

Staff followed procedures to ensure people were safe, for example when receiving support with mobility and with medicines.

People were protected from harm because staff understood their responsibility to safeguard people from abuse.

Requires Improvement



Is the service effective?

The service was not consistently effective. People did not always receive care from staff who were well supported through training and supervision.

People's individual circumstances had not been reviewed in relation to the Mental Capacity Act 2005 and changes affecting care homes. There was a risk that people were being deprived of their liberty without the necessary authorisation.

Staff were aware of the need to ensure people had sufficient to eat and drink. The meal arrangements were flexible to take account of people's individual needs and preferences.

People had access to a GP when required to ensure their healthcare needs were followed up promptly.

Requires Improvement



Is the service caring?

The service was caring. People and their relatives spoke favourably about the kindness of staff and their friendly approach.

Staff spoke to people in a respectful way which made them feel valued and helped to ensure they were comfortable.

Relatives were welcome at the home and felt they were being kept well informed by staff.

Good



Is the service responsive?

The service was not always responsive. A system was in place for the planning of people's care. However there were shortcomings in how people's care was being monitored and kept under review. A lack of accurate information about people's care meant there was a risk that their needs were not being met.

People's views about the home were being sought. The registered manager had plans in place to follow up any concerns and make any improvements needed.

Requires Improvement



Summary of findings

Is the service well-led?

The service was not well led in all areas. The provider had systems in place for monitoring standards in the home, however these were not being effectively implemented. Areas in need of improvement were not always being identified and followed up.

People spoke positively about the registered manager. They were implementing a number of changes and had further plans for how the service should develop.

Requires Improvement



Winscombe Hall

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 4 November 2014 and was unannounced. The inspection was carried out by an 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 some key information about the service, what the service does well and improvements they plan to

make. We also reviewed notifications we had received from the service. A notification is information about important events which the provider is required to tell us about by law.

Health and social care professionals were contacted in order to gain their views about the service. We did not receive any responses.

During our inspection we spoke with six people who were living at the home. Some people were not able to speak with us directly about their experience due to the level of their dementia. We made observations throughout the day in order to see how people were supported and their relationships with the staff. We also spoke with four relatives, five staff members and with the registered manager. We looked at three people's care records, together with other records relating to their care and the running of the service. These included staff rotas and employment records and audits. We were provided with further information following the inspection. This included quality assurance reports and records of staff training.

Is the service safe?

Our findings

People told us they felt safe and relatives also thought their family members were safe at the home. We saw people looking at ease in the presence of staff. One relative commented “we absolutely don’t worry.” However, we spoke with relatives who expressed some concerns about the availability of staff in Stable Cottage.

We found that the deployment of staff varied and this had an impact on the level of support and supervision people received. A relative told us this affected how quickly people were able to receive support with their daily routines. One relative felt there were enough staff, but others commented “It doesn’t feel as though there are many staff around” and “We would like to see more of a staff presence, trying to find someone is difficult.”

Staff told us about changes in the staffing arrangements which they felt were needed. These included having another staff member working in Stables Cottage during the morning and a more consistent approach to staffing levels overall. Staff said there were currently a number of people who needed support from two care staff and this had a significant impact on their time and availability.

The registered manager said it was planned for six care staff and a nurse to be deployed during the day. Rotas showed that this level of staffing was not consistently maintained. The registered manager was not sure which tool was being used to determine staffing levels. Following the inspection we received further information about how staffing numbers were being calculated. However this did not demonstrate that the layout of the home and people’s dependency levels were being taken into account in determining staffing levels. There was a risk therefore that the staffing arrangements did not reflect people’s individual needs and the level of support they required.

Staff told us they had undergone a thorough recruitment process. They said various checks had been undertaken to confirm their suitability before they started work. We saw records which showed that applicants’ personal details and backgrounds were being verified. References had been obtained and information received from the Disclosure and Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person’s criminal record and whether they were barred from working with adults.

People were also protected from harm because staff understood their responsibility to safeguard people from abuse. Staff said they had received training in safeguarding adults and they knew what action to take if they had any concerns about people being at risk. We were told there were written policies in relation to safeguarding adults and whistleblowing which set out how any concerns should be reported.

People’s medicines were being safely managed by staff. There were suitable facilities in place for the safekeeping of medicines. We saw records which showed that people received their prescribed medicines at the correct times. There were procedures in place for ensuring that any discrepancies, for example in the quantity of medicines kept in the home, were promptly identified. In the Provider Information Return we were told there had been no errors involving medicines in the last 12 months.

Staff were aware of risks to people’s safety arising from their individual care needs. We spoke with staff who had a good understanding of potential hazards and the action to take to reduce the risk of people being harmed. Staff recognised the importance of correct moving and handling when supporting people. They told us they had received training in how to care safely for people who needed assistance with mobility. Staff were aware of other risks affecting people and the support that people needed, for example to reduce the risk of falls. People’s care records showed that risks to people had been assessed with guidance for staff about how to reduce these.

There were systems in place for monitoring health and safety in the home. The registered manager told us they assessed risk and checked for hazards as part of a monthly audit of health and safety. The audit records showed that window restrictors, call alarm system and hot water temperature regulators were being regularly checked to ensure they were working correctly.

Accidents were being documented to give an overview of what had happened and the action taken to prevent a reoccurrence. The record for October 2014 included a number of occasions when people had been found on the floor. Some preventative actions referred to the people concerned being monitored, for example “throughout the day” or “at all times”.

Is the service effective?

Our findings

People received care from staff who were developing their competence but were in need of further training and support. The provider's programme for staff development had not been fully implemented and followed by staff.

We spoke with staff who had received training in a number of subjects. One staff member, for example, told us they had recently had training in moving and handling and in health and safety. Other staff mentioned the training they had received in fire prevention, safeguarding adults and food hygiene. We also heard from staff about further training they would like to have, so they could learn more about subjects such as dementia and end of life care.

Staff felt supported in their work to varying degrees. One staff member told us they met with their manager every three to four months. We also heard that the current workload affected how staff felt about their roles. Staff were looking forward to having a more settled staff team, with more cover available, for example from bank staff, when staff were on leave.

The completion of staff training and supervision was being monitored through the use of a spreadsheet record. We saw there were gaps in the record where individual staff had not had received supervision during the year or received training in particular subjects relevant to their work. Supervision provides the opportunity for staff to talk through any issues about their role, or about the people they provide care to, with their line manager or supervisor. Some staff had not had supervision during 2014. This meant people received care from staff who were not well supported through training and supervision.

This was a breach of Regulation 23 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The staff training records showed that fewer than half the care staff had received training in the Mental Capacity Act 2005. This Act provides a legal framework for acting on behalf of people who lack capacity to make their own decisions. Staff told us they supported people to make day to day decisions, for example about what to wear and how they wanted to spend their time.

People's records included some information about their mental capacity. In two people's records there was a general statement about capacity and we read that,

following review, they "continue to lack capacity". There was a lack of information about the assessment process. The records did not show how specific decisions were being made in people's best interests and whether their liberty was being restricted in the home. People who lacked capacity were not free to leave the home however the registered manager told us their individual circumstances had not been reviewed following a change in the criteria for making an application under the Deprivation of Liberty Safeguards (DoLS). This is the process by which a person in a care home can be deprived of their liberty if this is in their best interests and there is no other way to look after the person safely.

This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with were aware of the need to ensure people had sufficient to eat and drink. One staff member, for example, told us that several people with dementia needed prompting to have their meals and drinks. In people's records included assessments that had been undertaken to identify people who were at risk of poor nutrition.

During the morning we saw people being provided with drinks. A relative told us drinks were regularly provided, however the availability of staff affected how quickly people received encouragement and support with drinking.

We observed the lunchtime meal in both areas of the home. In The Halls, we saw people were able to eat their meals independently. People told us there was a choice of courses and overall they were satisfied with the quality of meals served. The registered manager said that, since coming into post, the catering arrangements had changed from using a precooked meals delivery service to meals that were cooked on the premises. People told us this had been a positive development.

We saw that diabetic and vegetarian diets were being catered for. In Stable Cottage we saw the meal arrangements were flexible to take account of people's individual needs. Two people, for example, had plates of 'finger food'. Staff told us they preferred their meals to be presented in this way. One relative commented that their family member in the home "eats very well when we are here, the staff are very attentive".

We saw in the records that people's weight was being monitored each month. However the forms were not being

Is the service effective?

completed fully to highlight where a person's weight had changed. One person's weight had fluctuated over recent months but this was not referred to in the 'Comments' section of the form or in their daily notes. We brought this to the registered manager's attention so that it could be followed up.

We saw other records which showed that concerns about people's health were being identified and acted on.

Comments from a GP we met during the inspection indicated they had a good working relationship with the home. Staff told us that people received good support from the GP surgery. They said the GP visited every two weeks as a matter of course and more often in response to people's needs at the time.

Is the service caring?

Our findings

People and their relatives told us the staff were friendly and had a caring approach. Staff were described, for example, as “very kind” and “really good”. One relative commented “I’ve nothing negative to say about the staff” and another told us “We think they are all really nice here.”

Staff spoke to people in a kind and respectful manner. We heard staff referring to people by name and any terms of endearment were used appropriately. A relative told us they often overheard staff talking to people in a nice way and commented “and that includes the cleaners.” We heard staff complimenting people on their appearance and taking an interest in what people were doing. The approach of staff made people feel valued and enhanced their wellbeing.

Staff talked to people about their care and took time to explain the support they were providing. When using a portable hoist, staff reassured the person by talking to them about the actions they were taking until the process was complete. Staff operated the hoist in a careful and gentle manner so the person felt relaxed.

We observed other situations when staff showed a caring approach and interacted with people in a positive way. When one person became agitated, staff spoke in a way which distracted the person and helped them to feel calmer. On another occasion, a staff member related well

to a person who had been following them closely for a while. The staff member engaged with this person in a way which made them laugh. The person felt involved by being able to help the staff member with a tea trolley.

People’s relatives told us they were made to feel welcome at the home and could visit when they wished to. They thought their family members were well cared for and said the staff contacted them about any relevant matters. One relative said that staff had been “straight on the phone” to them when their family member had hurt their arm. Another commented “someone will always phone us if there is a problem and if we are worried we chat to the nurses.”

Staff said relatives were encouraged to pass on information about people’s interests and lifestyles. Staff told us this helped them to provide care in a more personalised way as they were better informed about people’s preferred routines.

Feedback from people and their relatives showed that routines were flexible to fit in with people’s personal preferences. One person commented “If you want to stay in bed you can, if you want to get up you can.” We also saw that staff had supported people to wear items that were individual to them and allowed them to express their personalities.

Staff took action to ensure people were comfortable. In a the lounge, staff got blankets for people and turned up the heating when the temperature reduced in the afternoon. We observed staff treating people with kindness, compassion and dignity.

Is the service responsive?

Our findings

People's needs had been assessed to identify the support they required in areas such as mobility, pressure area care and communication. Individual plans had been produced which set out the care to be provided by staff. The plans helped to ensure that staff supported people in a consistent way which met their needs.

However, from talking with staff and looking at the records we found there were shortfalls in how people's care was being overseen and kept under review. Although procedures were in place for monitoring and recording the care people received, these were not being followed in a systematic and consistent way. This meant there was a risk that people would not receive the care they required to meet their current needs.

A range of forms were being used to record people's care and provide information about their wellbeing. However, we heard from staff that they did not know what needed to be recorded and how often. This was evident from the records we saw, which were not being consistently maintained.

Charts in relation to repositioning and fluid intake were not being completed throughout the day. They did not give an accurate record of the support people received, or show that care had been provided in accordance with people's individual plans. The lack of information, for example about whether people had had sufficient to drink each day, meant there was a risk that people's needs were not being met. It also meant that accurate and consistent information was not available when people's care was being reviewed.

We also saw documentation in relation to wound management which did not provide a clear record to show that pressure ulcers were being appropriately treated.

This was a breach of Regulation 20 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Staff we spoke with were mostly knowledgeable about people's needs and preferences, although there were aspects that staff were not familiar with. One person, for example didn't drink their mid-morning tea and told us this was because it had no sugar in it. Staff told us they didn't know who took sugar in their drinks and there was no list to inform them. Following the inspection the registered manager informed us that lists were available in the kitchen areas.

Social activities at the time of our inspection included an art and craft session in The Halls. Several people were well engaged in the session which was run by the home's activities co-ordinator. People in The Halls told us they enjoyed the activities and occasional outings that were arranged. Comments about the provision of activities in Stable Cottage were more mixed. One relative commented "I don't see activities in the Stable unit. I would like to see someone in here encouraging people."

A recent survey to people at the home and their relatives had asked questions about activities and other aspects of the service. The registered manager had analysed people's different views and produced a report which showed how any issues were being followed up. Another report had been produced in relation to complaints received by the home and how these had been responded to.

Comment cards were also available although we heard mixed views about the process as a whole. One relative commented "I do feel listened to, but things don't always materialise." Another told us "We don't have any meetings, we get questionnaires but they are not necessarily the questions I would like to hear. I would prefer three-monthly chats." Following the inspection the registered manager informed us that relatives meetings had been held, as well as there being other times, such as coffee mornings, when relatives could meet with staff.

Is the service well-led?

Our findings

The registered provider runs Winscombe Hall as part of a group of homes under the name of Cedar Care Group. Information about the group's aims and those in relation to Winscombe Hall was available on the provider's website and in a home's brochure.

The provider had systems in place for monitoring the service. Regular checks were made by the registered manager and by a representative of the provider during visits to the home. These visits on behalf of the provider were to monitor the performance of the home and manager on a monthly basis.

Information in the last two monthly reports showed that different aspects of the home were being looked at during the provider visits. Shortcomings were being identified, for example where staff training and induction were not up to date. However, these were not all being followed up in an action plan for the service.

Health and safety arrangements, such as the servicing and maintenance of equipment, were being checked as part of the monthly provider visits. However, a section in the visit reports on 'Accident Totals – Monthly' was not being completed.

The reports listed areas to be checked on each visit although there was limited or no information recorded about what had been found. This included checks of documentation such as monitoring charts and wound care records where we had found shortcomings. This meant that areas in need of improvement were not always being identified and followed up.

This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The registered manager clearly described to us their priorities for developing the service and their achievements to date. They said the emphasis during the last year had been on developing the staff team and managing a high turnover of staff. Staff had been asked for their views in an

employee satisfaction survey and a 'star employee of the month' system had been introduced. These developments helped staff to feel appreciated and that their contribution was recognised.

Other developments had focussed on enhancing the environment. In Stable Cottage, a 'garden cottage' theme had been used in its decoration. People had 'front doors' to their bedrooms and they had been able to choose the colour for their section of the corridor. We were told this helped people to recognise their rooms and feel at home in the surroundings.

In the provider's information about the home they had emphasised the specialist service which Stable Cottage provided for people living with dementia. The registered manager had a number of ideas for how this aspect of the service could be developed further. They told us a programme had been started with the aim of achieving the Dementia Care Matters' 'Quality of Life' kitemark.

We were given more information in the Provider Information Return about improvements that were planned relating to the home in general. These included improving communication with relatives, for example through the setting up of a support group. The registered manager told us some changes had already been made, which included moving their office to a more public area.

People at the home spoke positively about the registered manager, describing her as "all for the residents" and as someone who "makes things happen". One person told us "If you've got any problems you go to her." Another person commented "She keeps an eye on things and makes sure everything is OK." Relatives also found the registered manager to be helpful, but comment was made that meetings would be useful to discuss people's care needs on a regular basis.

The registered manager recognised the importance of establishing links outside the home so that people could maintain contact with the local community. We were told links had been set up with two churches and contact with local schools was being looked at. This would provide the opportunity for school children to contribute to life in the home and for people to benefit from their involvement.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff People received care from staff who had not all been provided with the appropriate training and supervision.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment The provider was not following the appropriate procedures when people lacked capacity to make decisions about their care.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records People were not protected from the risk of unsafe or inappropriate care because of a lack of accurate records and information.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers The provider was not operating an effective system for assessing and monitoring the quality of the service.