

Farrington Care Homes Limited

# Wainford House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

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

This inspection took place on 6 July 2016 and was unannounced.

We had previously carried out an inspection on 16 February 2016. Breaches of legal requirements were found. After that inspection the provider wrote to us to say what they would do to ensure legal requirements were met.

We undertook this inspection to check that they had followed their plan and to check if they were now meeting legal requirements. We found that improvements had been made but that further improvements were still required.

Wainford House is a care home providing care and support to a maximum of 28 people. On the day of our inspection there were 23 people living in the service some of whom were living with dementia.

The service had a registered manager in place. 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 were not always fully involved in the writing and review of their care planning. We have made a recommendation about involving people in decisions about their care.

Staff had been trained in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards. We observed that they put this training into practice when providing day to day care. However, the principles of the MCA were not always put into practice when sharing information with others.

The decoration and signage within the premises did not meet the needs of people living in the service, particularly those living with dementia. We have made a recommendation regarding decoration of the service.

People felt safe living in the service. There were systems in place to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific to the person such as moving and handling and falls.

Staff levels were calculated using a dependency tool. We were told, and observed, there were sufficient numbers of staff on duty to support people's needs. Safe recruitment practices were followed. Staff had received training and support to enable them to provide people with appropriate support. Support with training had been sought from key agencies outside the service.

People were involved in meaningful activities. Staff provided a range of activities for people to participate in. Plans were in place to develop and personalise activities.

The Registered Manager was developing an open and honest culture within the service. They were receiving support from the provider to do this. A range of audits were in place or being planned to monitor the quality of the service provided. These need to be sustained and used to drive improvement in the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People's medicines were mostly managed safely.

People felt safe in the service and staff were aware of the processes involved in safeguarding vulnerable adults from harm.

Systems were in place to identify and manage risks.

There were sufficient numbers of staff to meet people's needs. Safe recruitment practices were followed.

### Is the service effective?

Requires Improvement 

The service was not consistently effective.

People's food and fluid intake was recorded but not monitored.

The Mental Capacity Act 2005 was not always applied appropriately.

Staff received guidance and training to fulfil their role.

People were supported to maintain good health and access healthcare.

### Is the service caring?

Good 

The service was caring.

Staff treated people with dignity, respect and kindness.

People were involved with decisions as to how they wanted to receive their day to day support.

### Is the service responsive?

Requires Improvement 

The service was not consistently responsive.

Care plans did not demonstrate that people had been involved in writing them. They did not always contain sufficient detail to

ensure people received appropriate care and support.

People had access to a variety of meaningful activities.

People knew how to complain if they wished. There was a complaints procedure in place which was readily available

### **Is the service well-led?**

The service was not consistently well-led.

The service was putting actions in place to improve the quality of service but these had not yet to come to full fruition.

The service was developing a transparent and open culture.

The provider had taken action to support the registered manager with the running of the service.

**Requires Improvement** 

# Wainford House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 6 July 2016 and was unannounced. It 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. Our expert had experience of dementia care.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about. We also looked at information that had been sent to us by health care professionals.

During our inspection we spoke with five people who lived at the service, two relatives, four members of staff, the registered manager and two representatives of the provider. We observed interactions between people and care staff in communal areas. We looked at three people's care plan records and other records related to the running of, and the quality of the service. Records viewed included staff files and audit reports.

# Is the service safe?

## Our findings

Our last inspection of 16 February 2016 identified breaches of regulation relating to how people received safe care and treatment which met their individual needs. Risk assessments were not effective and did not ensure risks were managed effectively. Medicines were not managed safely and there were not enough staff available to keep people safe and meet their needs. These risks had been on going from our previous inspection of 12 October 2015. At this inspection we found that significant improvements had been made in all areas and on going improvements were planned.

People told us they were satisfied with how their medicines were managed. One person said, "They [staff] bring it [medicines] round in the morning, water tablets, a sleeping pill at night, they're here while I take it." A relative told us, "[Relative] knows exactly what [relative] has and when [relative] needs to have it. [Relative] has improved. At home [relative] would hide their medication."

The service had been receiving support on the management of medicines from the Waveney Clinical Commissioning Group. They identified to us a number of improvements that had been made but also gave examples of areas for improvement such as the recording of 'as required' and topical medicines.

People were protected by safe systems for the storage, administration and recording of medicines. Medicines were kept securely in a locked trolley in a locked room. Medicines entering the service from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled staff to know what medicines were on the premises. We observed staff administer medicines safely by checking each person's medicine with their individual records, which contained a photograph of the person, before administration. This ensured the right person got the right medicine.

People told us they felt safe living in the service. One person said, "They're (staff) always looking out for me. When I have my own views they listen." We discussed safeguarding vulnerable adults from abuse with the registered manager and three members of care staff. We found that staff understood their role in safeguarding people from harm. They were able to describe the different types of abuse and actions they would take if they became aware of any incidents. All staff spoken with said they would not hesitate to report any concerns to the registered manager and / or the local authority. Staff said they had received safeguarding training and records of training sent to us following the inspection confirmed this. The manager was able to demonstrate how they monitored and investigated safeguarding incidents. Staff also received additional training in moving and handling and infection control which contributed to keeping people safe.

Care plans had been updated since our last inspection and now reflected people's needs. Where people lived with conditions which required specific or personalised care this was detailed in the care plan to ensure staff were aware of the actions to be taken. One person told us, "I use my call bell when my stoma bag needs emptying." We observed the person's portable call bell was on a table adjacent to where they were sitting. The person's care plan contained detailed information for staff on care of the person's stoma.

Care plans contained risk assessments which detailed risks to people and how these risks were managed. We observed that one person had their portable call bell in the basket attached to their walking frame. They told us, "I keep my portable call bell with me during the day, and take it to my bed at night. They (staff) are very attentive." Another person had been assessed as being at high risk of developing a pressure ulcer. Actions and equipment to mitigate the risk has been put in place. They had been provided with specialist pressure relieving equipment. Records and observations confirmed that the person was being re-positioned regularly. Advice had also been sought from the District Nurse on how best to manage the risk. This meant that the risk to the person of developing a pressure ulcer had been addressed and action taken to reduce the risk.

People told us that mostly there was sufficient staff on duty to provide the support they required. One person said, "They seem OK, sometimes you have to wait longer than others, but they cope with it well. Another person said, "Just about, I know they are recruiting." During our visit we observed staff engaging with people on an individual level and providing the personalised support people required. A relative said, "They, [staff] sit and talk with residents, I do see a lot of conversation between the staff and people." Staff were organised and positive in their approach with a good knowledge of people's individual needs.

We discussed the staffing levels with the registered manager. They told us that new staff had been recruited and this process was on going. Assessed staffing levels took account of people's needs and the layout of the building. Records we inspected showed that the assessed staffing levels had been met for the two months prior to our inspection.

The service followed safe recruitment practices. We looked at three recruitment files for staff employed by the service and saw that appropriate checks had been carried out before staff started work. The checks included taking up written references and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults to help employers make safe recruitment decisions. We asked the provider's representative if there was a policy on repeating DBS checks. They told us that there was not at present but that they would investigate this and consider carrying out checks on a regular basis to ensure staff had not received any criminal convictions.



## Is the service effective?

### Our findings

Our inspection of 19 April 2016 identified breaches of regulations relating to the supervision and training of staff, obtaining of people's consent for care and support and meeting people's nutritional needs. At this inspection we found that improvements had been made.

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 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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

The registered manager had made four DoLS applications. One had been granted and they were awaiting the outcome for three applications. The authorisation and applications were being monitored by the registered manager to ensure that in the interim people were safe and their rights respected.

Staff had received training in the MCA and were able to describe how they put this into practice on a daily basis. For example, one member of staff described how they supported a person to choose what they wanted to wear. However, we found that the principles of the MCA were not always correctly applied. For example, one person was assessed as having capacity. However, their care plan recorded that a relative had given permission for personal information to be shared with a friend. The registered manager confirmed information had been shared. In addition, the service was not aware of which people had a power of attorney in place to cover financial affairs or care and welfare matters. This could mean that they shared information, or took action inappropriately.

This was a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's individual needs were not met by the decoration of the service. The signage and decoration of the service did not help to meet people's needs and promote their independence particularly those living with dementia. The colour of corridors and communal rooms was not designed to support people living with dementia by clearly identifying different areas through the use of distinctive colours and easily seen signage. Doors to people's rooms were not always clearly marked with people's names or a way for people living with dementia to easily identify their room. We did not see evidence of tactile objects to occupy people living with dementia. There was, however a small secure garden which benefitted from direct access to the conservatory. The registered manager told us that one person living with dementia, who had previously

enjoyed the outdoors, regularly sat in the garden and enjoyed being outside. The provider's representative told us of plans to continue improving the environment although at they were unable to provide specific time scales.

We recommend that the provider obtain advice and guidance from a reputable source regarding providing an environment to support the needs of people living with dementia.

New care staff received an induction into the service. This included the aims and objectives of the service and introducing the new member of staff to people living in the service and other staff. The new member of staff completed a number of shadow shifts until they were competent to work independently. The registered manager told us that the amount of shadow shifts could vary dependant on the experience of the individual.

People told us the food was good. One person said, "They [staff] asked me this morning what I would like, you can have anything you want, you just have to ask. I would have an egg, soup or cheese on toast for tea." Another person said, "The quality is good, they have a delivery twice a week." A relative told us, "They're on top of [person's] diet; the staff know exactly what [relative] likes. We observed lunch being served in the conservatory. One person did not like what they were being offered. They received a positive response from the member of staff and were offered an alternative meal which they happily accepted.

Care staff had received training in the Malnutrition Universal Screening Tool (MUST). This is a recognised tool which identifies people at risk of malnutrition and requiring support to maintain a healthy weight. One member of care staff had been appointed the MUST champion and was responsible for checking the MUST assessments and monitoring people's weight. These had been carried out correctly and the manager explained how they ensured staff used the tool correctly. However, we found that whilst food and fluid intake was being recorded it was not being monitored to check people were eating and drinking a sufficient amount. This was because the food and fluid intake was not being totalled regularly and checked against what would be appropriate for the person. One of the records we checked did not demonstrate that a person had had sufficient to drink over a period of a week. We spoke with the registered manager and MUST champion about this and they told us they would immediately begin monitoring people's intake and seek advice from the Community Dieticians where required.

Staff received regular supervision from the management team. Our inspection in April had identified that regular supervision of staff, to ensure they maintained good practice, were not taking place. Records and discussion with staff on this inspection found that supervisions were now structured and addressed the development of the individual member of staff. Staff told us that they found the manager approachable and that they responded to any concerns they had.

Staff told us and records confirmed that they had received recent training to ensure they had the skills and knowledge to carry out their roles and responsibilities. The service had been supported with the delivery of training by healthcare professionals including Suffolk Council Provider Support Team and the Waveney Clinical Commissioning Group. One training provider told us that staff members showed engagement in the training.

People were supported to maintain good health and to have access to healthcare services. One person said, "One of the girls [carers] was worried by a bit of a mark on my nose, they got a doctor to come in and they referred me to have a procedure to remove it." Another person said, "There's always been a doctor when I've needed one. I have a chiropodist about once every six weeks. I don't know about my eyes but they've given me an understanding that if there's anything I'm not happy with to let them [staff] know and they will pass it

on." A local GP told us, 'We visit Wainford House weekly and are always asked to see appropriate residents, and it's very noticeable that we no longer get repeated inappropriate requests for visits that we used to.' Records showed that people's health conditions were monitored and appropriate referrals made.

# Is the service caring?

## Our findings

Our inspection of 16 February 2015 found that staff interactions with people were task focused and did not engage with people as individuals. This inspection found that improvements had been made.

People told us that they had developed positive and caring relationships with staff. One person said, "[Staff member], I think [staff member] is good, I've got to know [staff member], I feel I can just ask [staff member] anything." Another person said, "I really and truly like all of them, if they've got the time they'll stay and have a lunch, they will always get me a bit of shopping, they'll say they'll nip out on their break and get things for me." Observations showed staff taking time to sit and talk with people and engage with them about things of interest. Staff had a good understanding of people's routines, preferences and needs.

Staff showed concern for people's wellbeing in a caring and meaningful way and responded to their needs. For example, we observed one person ask a member of staff about batteries for their nightlight, the member of staff said they would speak to the manager and get new ones. When we returned later the person told us, "They [staff] brought me a new torch, I don't like being in the dark."

Staff told us how they consulted with people and involved them in making decisions. We observed people being asked for their opinions on various matters and being involved in day to day decisions, for example, where they wished to sit.

People's privacy and dignity were respected. One person said, "I respect them [staff] for respecting me. I'm quite happy here with everything. Another person said, " They [staff] did ask male or female carer and I said I don't mind." A relative told us, "[Person] would complain if they [staff] were not respectful."

People could spend time alone if they wished. We observed one person liked to sit in a small seating area and this area had been made comfortable for them with their preferred chair and a table in reach.

Staff supported people in a caring and compassionate manner. One person told us, "They advise me how to walk into the walker, they said don't let the wheels run away with you." We observed care staff knocking people's bedrooms and awaiting a response before entering which came across as normal practice.

Relatives confirmed there were no restrictions placed on visiting and they were made welcome in the service. We observed relatives visiting throughout the day of our inspection.

People were supported to be comfortable in their surroundings. People were able to personalise their bedrooms with their own belongings and possessions. This helped promote a sense of comfort and familiarity.

## Is the service responsive?

### Our findings

Our inspection of 16 February 2015 had found that improvements were needed in people's care planning and that timescales for improvement were not being met. Care plans which had been updated did contain sufficient detail to enable staff to provide consistent care. We also found during that inspection that people did not have access to meaningful activities. On this inspection we found that improvements had been made and that further improvements were planned.

At this inspection we found that care plans had been revised and improved containing details of how people preferred to receive their care and support in a variety of areas. For example, whether they preferred a bath or a shower, how often, and what support they required. However, we found that care plans did not always contain sufficient detail to enable staff to provide consistent support when people lived with a specific condition. We discussed this with the registered manager who confirmed they will re-visit this area.

Care plans did not always demonstrate that people had been involved in writing them. When asked about involvement in their care planning one person said, "Not really." We asked the registered manager if people had been involved in writing the updated care plans. They told us that they had tried to involve people and their relatives but this had proved quite difficult. They gave us examples of how they had tried to involve people and their relatives but had received no response or a negative response. It is important to involve people as much as possible in their care planning to ensure they are receiving care and support which meets their needs and in the manner which they prefer.

Improvements had been made to people's access to meaningful activity. A photo board on display in the service illustrated examples of recent events. These included photographs of people and care staff enjoying the visit of the Ladies Cycle Tour to the town. The day before our visit a themed event called, A Day at the Races had been held. We observed care staff discussing photographs of the event with people to decide which ones should be displayed. The registered manager said that these events were being organised by care staff who were involving people in the events and getting to know them better. We also observed a bingo game taking place in the main lounge in the afternoon. One member of staff supported a person to call the numbers and the other helped people participate in the game. There was good interaction and humour throughout with many positive interactions.

An activities co-ordinator had recently been recruited to the service but they had not started work when we inspected. However, they had visited the service and begun asking people what they would like to do. One person said, "There's a new activities person going to get involved, she asked me what I liked and I told her fishing." This person also told us they had been out on a trip on the river last year. The registered manager told us that the new activities co-ordinator would be providing activities personalised to the individual.

The registered manager was encouraging people and their relatives to participate in residents meetings and express their views and experiences of the service. For example, a forthcoming residents and relatives meeting had been arranged to coincide with a garden party in order to encourage people to attend the meeting. As a result of feedback from a resident and relatives meeting the service had ordered name badges

for care staff.

There was a complaints procedure and information on how to make a complaint was available to people in their bed rooms. No formal complaints had been received since our last inspection. People and their relatives told us they were aware of how to make a complaint. One person said, "I'd talk to the manager in the office, she's nice, she often comes in and sits and has a chat. People's relatives were confident that the service would correctly deal with a complaint. One relative stated, "I can approach the staff at any time with problems as they arise. I would approach the manager; everything I have brought up with her has been dealt with."

## Is the service well-led?

### Our findings

Our inspection of 16 February 2016 found that the service was not well-led. There was a lack of oversight of the service from the provider, governance systems were not effective and the culture of the service was not open and honest. We also found that the service was not displaying the rating from the inspection on its website as required by law. At this inspection we found that improvements had been made and statutory requirements were being met.

The culture of the service had improved since our last inspection. Staff told us that they could talk with the registered manager and their suggestions were listened to. One member of care staff said, "I can talk to the manager and I feel like I am being listened to." They went on to give an example of a suggestion for improvement they had made which had been put in place.

The service was being open and honest with people regarding their CQC rating. This was displayed in the main foyer. Records showed that it had been on the agenda for staff and residents meetings. One person's relative said, "I don't know why you [CQC] keep criticising the home, we've had meetings about CQC." We discussed the past failings in the service with the registered manager. They told us that these had been partly their responsibility but with support they were now receiving from the provider they were able to address these and put actions in place to address them. This was demonstrated by the recent recruitment of a deputy manager to support the manager in the day to day running of the service.

The registered manager had put in place a variety of audits to check the quality of the service being provided. These were beginning to improve the quality of the service, for example improvements had been made in the administration of medicines. The registered manager told us that having the new deputy manager in post would allow them to develop the audit system further. They had plans in place to audit the updated care plans but had been unable to action these as they had not had time. This had resulted in the improvements needed in the care plans as identified in this report. The registered manager told us that with the deputy manager in place they would now have time to develop effective audit systems to ensure the service was meeting people's needs.

People told us they had confidence in the registered manager. One relative said, "I'm always reassured. I know who she is [manager] and she always seems to be here. We wouldn't leave [relative] here if we weren't satisfied with the care they receive."

The service had worked in partnership with key organisations such as the local dietician service, the district nursing service and the local GP to develop staff knowledge and to support care provision. When asked for feedback the local GP responded, "It is inspiring to see the positive changes that have been put in place at Wainford House."

Two representatives of the provider visited the service on the day of our inspection to support the registered manager. They told us about their plans to continue to improve the service. This included employing two

regional quality managers to support the managers within their service and procuring an external quality assurance service to check on the quality of the service. We discussed with the representatives the lack of a formal improvement plan for the service. They told us they would give consideration to formalising plans they had in place for improving the service.

The service had improved since our last inspection. The registered manager and provider had put in place quality assurance checks to monitor the standard of care provided. The culture of the service was changing to one with an open and honest focus. These improvements need to be used to drive continuous improvement in the quality of care and support people receive and these improvements need to be sustained.



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 11 HSCA RA Regulations 2014 Need for consent  People's consent was not always obtained before sharing information with others.