

All About Care Limited

# Wimbledon House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Wimbledon House is a residential care home providing personal care to 25 people with mental health needs at the time of the inspection. Wimbledon House accommodates up to 34 people in one adapted building.

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

People felt safe at Wimbledon House. They were treated with dignity and respect and their lifestyle and equality needs and choices were understood and respected. People had privacy.

People were supported to protect themselves from the risks of harm and abuse. Staff knew how to identify concerns. Any concerns raised had been listened to and acted on. Risks had been assessed with people and ways to keep them safe, while remaining independent, had been agreed.

Staff supported people to remain physically and mentally well. People were offered a balanced diet which met their needs. People's medicines were managed safely. The building was clean and people were protected from the risk of infection.

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 practice.

People had planned their care with staff and were supported to live their lives in the way they wanted. They were supported to take part in a range of activities they enjoyed. People had been invited to share their end of life preferences.

The registered manager had oversight of the service. Regular checks were completed on the quality of care people received. Any shortfalls were addressed and action was taken to prevent them happening again.

People, their relatives and staff were asked for their views of the service. These were listened to and acted on to improve the service.

The registered manager understood their legal responsibilities and had shared information with us and others when they needed to.

There were enough staff to support people when they needed. Staff had the skills they required to care for people and were supported by the management team. Staff were recruited safely.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 19 February 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good 

### 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 responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Wimbledon House Residential Care Home

## **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 completed by one inspector.

#### Service and service type

Wimbledon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We also 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided.

We spoke with seven members of staff including the registered manager, deputy manager, support workers and the cook.

We reviewed a range of records. This included five person's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision.

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management;

At our last inspection the provider had failed to ensure risks to people were assessed and mitigated. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- Risks had been assessed. Ways of managing risks had been agreed with people, their relatives and health care professionals. For example, if people did not return home at they expected time staff would contact them and people they regularly visited to make sure they were safe. Staff knew how to follow the missing persons procedure. People told staff when they left and what time they would return.
- The support people received around taking risks varied depending on their mental health at the time. For example, some people went out alone at times. At other times staff supported them when they went out.
- People had been supported to understand the consequences of behaviour which put them at risk, such as drinking to excess. They explained these to us. People had agreed risk management strategies with staff and others who supported them. These had been successful and people were working towards achievable goals.
- Risks relating to the building had been assessed and regular checks were completed to ensure action taken to mitigate risks remained effective.

Systems and processes to safeguard people from the risk of abuse

- Action was taken to protect people from harm and abuse. People told us they felt safe at Wimbledon House. Two people did not always get along and there was a risk they may harm each other. Effective action had been taken to keep each person safe without restricting them.
- People had been supported to understand when they were at risk of abuse and how to raise concerns. One person had raised concerns with the registered manager about a staff member. The registered manager had acted immediately to protect the person and everyone else living at the service.
- The registered manager had discussed any concerns about people's safety with the local authority safeguarding team.
- Staff had completed training and knew about different types of abuse. They were comfortable to report any concerns to the management team. Staff knew how to blow the whistle outside of the service if they needed to.

Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to operate safe medicine management processes. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- People received their medicines when they needed them and in the way they preferred. Staff followed guidance about people's when required medicines, including medicines to assist people to remain calm. People were offered these when they required them.
- Safe systems were in operation to order, receive, store, administer, record and dispose of people's medicines.
- Staff completed regular medicines management training. Their competency to manage medicines safely was assessed each year.
- Regular and effective medicines checks were completed. Any shortfalls were addressed promptly and action was taken to make sure they did not occur again. For example, one check found 14 tablets were missing. Alternative storage arrangements and increased checks were put in place to prevent further medicines going missing. The registered manager investigated the incident and followed the provider's disciplinary process.
- Staff had failed to collect one person's medicine from the mental health team and this had caused an interruption in their treatment. Staff had not noted any changes in the person's health. The registered manager investigated how the incident had occurred and took action to prevent it happening again. This included changing how medicines were checked into the service. They also added regular appointments to the diary for staff to collect the medicine before it was needed.

#### Staffing and recruitment

- There were enough staff to provide the support people wanted. The registered manager considered people's needs and their requests for support, when deciding how many staff to deploy on each shift. People told us staff where there when they needed them and attended promptly if they used the call bell. Staff were flexible and worked longer shifts if people requested support to go out.□
- Staff knew people well. They responded to their requests for support quickly and gave them time to chat when they wanted. Staff had the time to support people on an individual basis. During the inspection several people enjoyed shopping trips with staff and others went to the garden centre.
- Staff were recruited safely. Checks on staff's character and previous employment including dates of employment and reasons for any gaps in employment had been obtained. Criminal record checks with the Disclosure and Barring Service had been completed.
- Candidates met with people and their interactions were observed and recorded. The registered manager used this information to inform recruitment decisions.

#### Preventing and controlling infection

- The service was clean and odour free. The registered manager regularly checked the cleanliness of all areas of the service.
- A cleaning schedule was followed. This included deep cleaning two rooms each day. The smoking room was deep cleaned twice daily when people were elsewhere.
- Staff had received training in food hygiene and infection control and used personal protective equipment such as gloves and aprons, when required.



# 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.

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

At our last inspection the provider had failed to follow the principles of MCA. This was a breach of regulation 12 (Safe Care and Treatment) 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 12.

- The registered manager had assessed the risk of people being restricted and needing a DoLS authorisation. No one needed a DoLS at the time of our inspection. The registered manager knew how to apply for one if it was required.
- People were not restricted and were free to come and go as they pleased. People were supported to go out. Some people went on their own while others preferred to be supported by staff. One person was living with dementia. On occasions they needed support to go out safely and staff provided this. At other times the person went out alone.
- People's capacity to make specific decisions had been assessed. When people's capacity to make decisions fluctuated, staff assessed their capacity each time they made a decision.
- The registered manager knew how to make sure decisions were made in people's best interests when they were not able to make a decision. Staff had made best interest decisions with people's families and health care professionals.

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

- People's needs were assessed with them before they were offered a service. The registered manager considered information from health and social care professionals before meeting with people to discuss

their needs and wishes. People were invited to visit the service or have a short stay to make sure it was somewhere they would like to live. One person had been unsure about moving in. They had met with the registered manager who gave them the information they needed to make a decision.

- The registered manager completed a detailed assessment to make sure staff had the skills to meet the person's needs. They also considered how the person would get along with other people using the service and the potential impact of any behaviours which challenge.
- People and their relatives had been asked to share information about people's lives before they moved into the service. This helped staff get to know them and understand what was important to them. People were given the opportunity to share information about any protected characteristics under the Equality Act, such as race and gender.
- People's needs were reassessed before they returned to the service following a stay in hospital. This was to make sure staff could continue to offer people the support they needed to remain safe and well.

Staff support: induction, training, skills and experience

- Staff had the skills they required to meet people's needs. We observed staff prompting and encouraging people in the way they preferred.
- New staff completed an induction which included shadowing experienced staff to get to know people. Their competency to support people was assessed during the induction. Staff who had not worked in care before completed the care certificate. This is an identified set of standards that staff are expected to adhere to in their daily working life.
- Staff completed training appropriate to their role including topics specific to the needs of the people they support such as mental health conditions and catheter care. Refresher training was arranged and staff were required to complete one subject each month. Staff were supported to achieve recognised qualifications. For example, the deputy manager and two senior carers had completed a level 5 diploma in leadership for health and social care. A domestic had completed a level 2 diploma in house keeping.
- Staff met with a supervisor regularly to discuss what they had achieved, their role and any improvements required. Staff's understanding of key areas such as MCA was checked during the meetings. Training was arranged for staff to meet identified areas for development.

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

- People were supported to eat and drink enough. People told us they liked the food at the service and their needs and preferences were catered for. People were involved in planning the menu at residents meetings. Banoffee pie and gypsy tart had been added to the menu at people's request.
- Food was prepared to reflect people's individual needs and preferences, including low sugar meals for diabetics. Meals were served in the dining room so people could see them before making a choice. When people wanted an alternative, these were prepared for them. Drinks were available all the time and people helped themselves.
- People who were at risk of losing weight were referred to the dietician and their advice was followed. When people chose not to follow their advice staff made sure food and drinks they enjoyed were always available to them.

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

- Staff monitored people's physical and mental health and referred them to relevant health professionals when their needs changed. Relatives told us they were always informed of the outcome of any consultations.
- People were supported to attend appointments by staff. They told us this gave them reassurance and supported them to share information about their health. When people saw health care professionals at the

service this was done in private, in a room chosen by the person. This helped people feel comfortable and reduced their anxiety about any treatment.

- Staff worked with health care professionals to monitor people's mental health. They understood the impact and consequences of people refusing treatment, the signs of a deterioration and when this may occur. They monitored people closely at these times and worked with health care professionals to support them to be in the best place to meet their needs.
- Oral health care plans were being developed for everyone. Staff and people had completed training in oral health together. People had been provided with the equipment they needed, such as a brush, case and toothpaste. Mouth and gum health had been discussed at a residents meeting and people had been given 'top tips'. Staff had developed an easy read guide to support people to remember.

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

- The building had been designed and decorated to meet people's needs. Plans had begun to redecorate some areas of the home. People were fully involved in choosing paint colours and other decorations. A paint chart was displayed in the dining room and people had ticked the colours they liked. In the lounge, large colour samples had been painted on the wall and people were deciding which they preferred.
- All areas of the building and garden were accessible to people. There was a large garden and people told us they enjoyed spending time out there in warmer weather. Staff tended the garden with people's support. One person enjoyed feeding the garden birds.
- People were encouraged to decorate their bedrooms with personal items, such as pictures and ornaments. Some people kindly showed us their bedrooms. They were all different and decorated as people had chosen. Everyone had been invited to tell the registered manager when they wanted their bedrooms redecorated, and this would be arranged.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness and compassion. Staff knew people well. They knew what was important to people and supported them to live their life as they wanted.
- People and staff were relaxed in each other's company and enjoyed chatting together. We observed people and staff laughing together.
- People had opportunities to chat about their lifestyle choices, sexual orientation and gender identity and their responses were respected. They were supported to have respectful and positive relationships with friends and partners. People were able to choose the gender of staff who supported them.
- Staff spoke with people and referred to them with respect. They described people in positive ways. Staff referred to people by their preferred names and supported inspectors to do this when they were chatting to people. People opened their own mail and staff helped them understand letters when they asked for support. This included letters about people's benefit entitlement or their health.

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

- People had been asked about their lifestyle choices and these were respected. People were able to come and go as they pleased. Some people liked spending time with others and other people preferred their own company. Staff informed people of events and activities they may wish to join and monitored their mental health to look for signs of isolation.
- People were supported to continue to practice their faith. Some people went to their local places of worship. Others joined spiritual meetings at the service, led by representatives from different religions.
- People who needed support to share their views were supported by their families or paid advocates. Staff knew people's advocates and advocacy organisations, and how to contact them when needed.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible and do things for themselves. People told us they were in control of their care and staff only supported them when they needed it.
- People were treated with dignity. For example, staff supported people to go shopping for clothes and shoes of their choice. Two people went shopping with staff during our visit. Both showed us what they had bought and were very pleased with their new clothes and jewellery.
- People had privacy. Everyone had a key to their bedroom and kept their rooms locked. They told us staff did not enter until they were invited in. People were able to spend time in private with their friends and relatives when they wanted.
- The provider and staff knew about the data protection regulations and kept personal, confidential

information about people and their needs safe and secure. This included talking to people in private and asking for their permission to discuss things with the person's family before doing so.

# 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 now improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had planned their support with the staff to meet their needs and preferences. This included support to stay well. People followed their own routine and staff supported them when they requested. People told us they got up and went to bed when they wanted and were free to do what they wanted.
- People were supported to achieve their goals and aspirations. Two people had moved out of the service to live independently in the community. Another person was looking forward to the holiday of a lifetime. They were going on holiday with a staff member who shared similar interests.
- People were encouraged to join in with day to day household tasks such as cleaning their bedroom and doing their own laundry. Some people wanted to learn to cook and attended cookery sessions put on by the provider away from the service. This included planning, shopping and preparing the meal.

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.

- Information about the service and guidance for people was available in easy to read formats. This included large print and pictures and photographs.
- The registered manager planned to develop a library of easy to read documents to support people to understand health conditions and important health checks. These included an explanation of diabetes and smear and prostate checks to help people understand what could happen to them.

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

- People were involved in a variety of activities at the service and in their local community. One person told us how they had chosen the service so they could continue with their favourite hobby. Another person told us, "I enjoy spending girly time with my friends".
- Staff offered people a variety of activities every day and people could join in if they wanted. During our inspection people enjoyed games of prize bingo and were supportive of each other when they won. Other people went to the local cinema, shops and cafes.
- People chose to celebrate events such as birthdays, Christmas and Halloween with parties. They made decorations with staff and photographs showed everyone having fun.

#### Improving care quality in response to complaints or concerns

- People and their relatives were confident to raise any concerns they had with the registered manager and staff. The registered manager encouraged people to raise any day to day issues. This was so they could be resolved before they became a complaint.
- A process was in place to receive, investigate and respond to complaints. Complaints received had been fully investigated and comprehensive responses had been sent to the complainant. The registered manager thanked complainants for bring shortfalls to their attention so they could be addressed. When complaints were upheld, action was taken to reduce the risk of them occurring again.

#### End of life care and support

- People and their relatives had been given the opportunity to discuss their end of life preferences and these were recorded. This included who they wanted with them, where they would like to be and things they like, such as watching top of the pops.
- People who wanted to, were supported to remain at the service at the end of their life. Staff worked with community nurses to make sure people were comfortable.
- People are supported to attend funerals and visit the graves of their friends and family. One person had recently visited the grave of a person they had been close to and laid a wreath.

# 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 requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At our last inspection the provider had failed to operate effective quality assurance processes. This was a breach of regulation 17 (Good governance) 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 17.

- The checking and auditing systems had been reviewed and improved since our last inspection. Regular checks were completed of all areas of the service and action was taken to address any shortfalls. For example, night staff were not recording night time kitchen cleaning but cooks were reporting the kitchen was cleaned. Night staff were reminded to record the cleaning they completed.
- Medicines audits were effective. They had highlighted shortfalls quickly and action had been taken immediately to stop them from happening again. The local pharmacy also completed checks of medicines and again any shortfalls had been addressed and had not recurred.
- Some audits were completed by staff in a lead role, such as infection control audits. These were checked by the registered manager who countersigned them.
- The provider and registered manager had plans in operation to continually improve the service. This included moving more and more to electronic records and archiving paper records. A system was in place to archive the records and easily retrieve them if they were needed in the future.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager had a clear vision of the service which included supporting people to develop and maintain their independence and respecting individuality. The staff shared this vision. One staff member had written to the provider saying, '[Registered manager] and [deputy manager] are by far the best, most compassionate and client motivated people, that I have ever had the pleasure of working for'.
- The registered manager had worked at the service for a long time. They knew people and staff well. They were supported by the provider, deputy manager and staff team. Staff felt supported by the registered manager. One staff member told us how the registered manager had supported them through a difficult period in their life. Other staff told us they could ask for support and guidance at any time.
- Staff were encouraged to develop in their role or move into other roles if they wished. For example, one staff member wanted to become a member of care staff. They had shadowed experience staff and were completing parts of the care certificate. This was supporting them to develop the skills they needed for the



role.

- The management team were visible and worked along side staff on the floor. People visited the manager's office frequently to ask for advice and support or just for a chat. They were welcomed into the office and managers gave them the time they needed.

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

- The registered manager had a good understanding of the duty of candour requirements. People had received an apology when things had gone wrong. With people's permission the registered manager had contacted people's relatives to inform them something had gone wrong. They extended their apologies to the family and explained what action they had taken to reduce the risk of similar events happening again.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were motivated and had confidence in the management team. Some staff had lead roles and took responsibility for key areas of the service, such as medicines or health and safety. Staff understood these roles and worked to the required standard.
- Staff were held accountable for their practice. When the registered manager was made aware of any concerns these were addressed with staff in accordance with the provider's disciplinary process. Staff were offered development opportunities when shortfalls were identified.
- The whole staff group worked as a team to provide the service people want. For example, if people were watching a film, the cook prepared snacks, such as popcorn for people to enjoy.
- The provider had conspicuously displayed the Care Quality Commission quality rating in the entrance hall and on their website, so people, visitors and those seeking information about the service were informed of our judgments. Following our last inspection, people, their relatives and staff had been given a copy of our report.

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

- People were regularly asked for their feedback about the service and for any suggested improvements. For example, at the last residents meeting people had been asked for any additions to the menu they wanted. Questions were displayed at times to obtain people's views anonymously. These included, 'What would make the service better?' People had made suggestions such as activities they wished to take part in and these had been arranged.
- Staff were also asked regularly for their feedback and suggestions. Staff told us they were confident to make suggestions and these were listened to and considered by the management team. At the last staff meeting, staff had been thanked for all their hard work and reminded of the importance of keeping detailed records.
- The registered manager had recently asked staff for their feedback on their own performance. They planned to analyse and put a development plan in place to improve and develop their own practice.
- People and their relatives had recently been asked to complete a survey about the service. Completed questionnaires had been sent to the provider to be analysed. This process was on going and the registered manager planned to act on any suggestions or shortfalls people raised.

Working in partnership with others

- The registered manager worked with others to continually improve the service and keep up to date with good practice. This included attending the local registered manager group and attending conferences arranged by the local authority learning and development team.

- Staff had an open and transparent working relationship with the local authority safeguarding team. They were confident to call the team to discuss any concerns they may have.