

Waypoints (Verwood) Limited

Verwood House Care Home

Inspection report

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Verwood
Dorset
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Verwood House is a purpose-built nursing home registered to provide care for up to 42 people. The home was divided into four separate living units. At the time of our inspection there were 13 people living there. This was due to a major refurbishment taking place. The people living in the home had complex care needs associated with their dementia.

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

Since the last inspection, the ownership of the registered provider had changed.

At the last inspection, we found a breach in regulations relating to systems to monitor and improve the quality and safety of the service. These issues had been fully addressed at this inspection.

Care was personalised and met individual needs. Staff knew people very well, cared about them and understood their care and support needs as well as the risks people faced.

People's needs were regularly assessed and reviewed in detail and action was taken to respond to people's changing needs. People received their medicines when they were needed and in ways that suited them.

There were enough staff to meet people's needs. Safe recruitment practices were followed, and appropriate checks completed to ensure that only suitable staff were employed. We have made a recommendation about one of the checks that is completed.

Staff received induction training and support that enabled them to carry out their roles positively and effectively. They had also completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Following a recent programme of refurbishment, the home was well decorated, furnished and equipped. Staff understood the importance of cleanliness and infection control. The home was clean and well maintained throughout and appropriate measures had been put in place to manage the risks associated with Covid-19.

The service had a quality assurance system in place to enable the quality of care people received to be monitored. There were numerous audits and checks carried out. Information from these was analysed and where any issues or concerns had been identified, action had been taken to address these.

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

Rating at last inspection

The last rating for this service was requires improvement (published 2 November 2018). At this inspection

we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to people not receiving the care they needed and staffing. As a result, we undertook a focused inspection to review the key questions of safe and well led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We found no evidence during this inspection that people were at risk of harm from the concerns that were raised with us. Please see the safe and well led sections of this full report.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Verwood House on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Verwood House 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of one 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.

Service and service type

Verwood 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. We spoke with a representative for the home from the car park to discuss the safety of people, staff and inspectors with reference to Covid-19.

Inspection activity started on 24 November 2020 and ended on 7 December 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with nine relatives by telephone about their experience of the care provided. We spoke with nine members of staff including operations staff who support the home, the registered manager, clinical lead, nurses and care staff whilst we were on site. We looked at a range of records. These included sections from two people's care and medication records and records relating to the management of the service.

Due to the pandemic, we reduced the time we spent in the home and continued the inspection remotely. This meant the registered manager sent us a variety of records, electronically, relating to the management of the service, staff training and supervision, quality assurance and some policies and procedures.

After the inspection

We continued to seek clarification from the service to validate evidence found. We looked at training data and quality assurance records. We had discussions with the registered manager via email and the telephone and we contacted all the staff via email to seek their views of the service. Eight staff gave us their feedback about the service and we also received information from one professional.

Is the service safe?

Our findings

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.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they thought people were kept safe in the home and confirmed that staff were quick to update them with any concerns.
- The registered manager had a good knowledge of safeguarding and understood how to raise concerns with the local authority if this became necessary. The local authority safeguarding team told us the service worked well with them.
- Staff had completed training in both safeguarding and whistle blowing. One member of staff told us, "I feel I have enough knowledge to know how to deal with safeguarding issues and know where to go regarding this, along with how to whistle blow if necessary."
- Suitable and clear safeguarding policies and procedures were in place and available to staff, people and visitors.

Assessing risk, safety monitoring and management

- Staff understood the actions they needed to take to minimise the risk of avoidable harm. They had completed relevant training in areas such as basic life support and health and safety. They had also completed additional training in infection prevention and control due to the pandemic. A member of staff told us, "It's been brilliant. We dealt with it [an outbreak of Covid-19] straight away and we are proud of how we contained it."
- Risk assessments were in place for each person where their needs required this. These were reviewed regularly and in response to people's changing needs. Staff knew people well and understood the individual risks people faced.
- Razor blades had been left out in some en-suite bathrooms including those where people, who lacked capacity to recognise the risks, could access them. The registered manager took immediate action when these issues were highlighted and confirmed that checks would be carried out in the future.
- People had personalised plans that set out the assistance they needed to evacuate the building in event of an emergency such as a fire.
- Routine maintenance checks, such as water temperature checks and fire safety checks, were undertaken. Current certification was in place in relation to gas, electrical and fire safety.
- Regular water systems checks were completed to reduce the risk of legionella. Risk assessments showed the home was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- Staff were recruited safely. Satisfactory procedures were in place to ensure the required checks were completed before staff commenced their employment. In one example we found that references had been obtained but were not from the applicant's most recent employer. The registered manager took immediate action to obtain an additional reference and confirmed that this would be checked for new staff in the future.
- People and staff told us there were enough staff available on each shift to ensure people were cared for safely and effectively. One member of staff told us, "You always want more staff but yes, we do have enough."
- Staff rotas reflected the levels of staff on duty during our inspection visit and were planned in accordance with a staffing tool which calculated the hours required to meet people's needs. . People were supported by a staff team who knew them well. One member of staff told us ", "staffing levels have almost always been good... with very occasional shifts feeling slightly short staffed if someone has phoned in sick. People have pulled together really well to support each other when this has happened."
- Staff received induction and training to ensure they could work safely and effectively. This included topics such as moving and assisting, first aid, fire awareness and food hygiene.
- Where there had been issues with staff performance, these had been addressed promptly with support given to staff to make improvements.

Using medicines safely

- Medicines were stored securely and managed safely. There were frequent checks to ensure medicines were correctly recorded and accounted for.
- People received their medicines when they were needed and in ways that suited them. There were systems in place to ensure this was done safely.
- People had their medicines administered by staff who had completed safe management of medicines training and had their competencies checked regularly.
- Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately.
- Some medicines, such as topical creams, were only effective for a specific period once opened. The date of opening should therefore be recorded on these medicines. Two topical medicines did not have a record of the date they were opened. Some topical medicines were not stored securely. We discussed our findings with the registered manager and corrective action was taken immediately. The registered manager confirmed they would ensure medicines were stored securely and opening date checks were completed.
- Where people were prescribed medicines that they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager reviewed accidents and incidents to ensure any immediate action required to keep people safe and well was taken. They analysed accidents and incidents monthly to identify any trends that might be developing.
- Any learning for staff was shared through staff meetings, handovers or through discussion with individual staff. One member of staff told us. "The new homemaker role has taught me to communicate properly and not just leave a message. Our handovers are better too."

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.

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

- The registered manager and staff were clear about their roles and responsibilities and felt well supported by the registered provider.
- The new owner of the registered provider had introduced several changes including a complete refurbishment of the home and a review of the roles carried out by staff. A member of staff told us, "The home has been restructured so that everyone employed has a better understanding of the role they play. This is also beneficial to meet the needs of the people that we support." Another member of staff told us, when speaking about the new homemaker role, "It works much better, there is much more teamwork, we are more involved with activities and we know the residents better."
- Systems had been developed to ensure there was oversight of the quality of the care provided. This was achieved through a series of audits, checks and assessments. Regular audits were completed for various areas of care and support including infection prevention and control, accidents and incidents and health and safety. Records showed that issues were identified, and action was taken to ensure improvements were made.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had an open, positive, person-centred culture. People, staff and professionals expressed confidence that the service was well run. A relative told us, "It's a fabulous place – lovely. I don't have to worry about him, and the care is good." A member of staff told us, "The staff are good at supporting each other and teamwork and cooperation is a strong feature." Another member of staff told us, "I feel that this home deserves the recognition of how far we have come and how our services have improved massively."
- Staff, relatives and professionals told us the registered manager was approachable and they would have no hesitation in raising concerns or making suggestions. Staff also said they could approach anyone in the management team. A health professional told us, "We have a positive and mutually beneficial relationship... I always enjoy working with the staff there."
- Staff said morale at the service was good. This was reflected in the way they spoke with people and with each other, and the way they spoke about others. A member of staff commented, "I am very happy... since our new manager has come in, we have seen massive improvements in communication. [manager's name] is always very approachable, always makes time for colleagues and values your opinion. Overall, a much nicer place to work. Well done [name of provider]."

- People, staff and relatives said they felt comfortable to put forward any ideas they may have to improve people's care, support or wellbeing and were confident these would be acted upon. A member of staff told us, "The management team will listen to ideas to enhance the home and the wellbeing of the residents and the staff."
- The registered manager had notified CQC of significant events and incidents, which is a legal requirement.

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 service understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with families.

Continuous learning and improving care. Working in partnership with others

- The registered manager worked with other organisations and professionals to ensure people's care and support was in line with best practice guidance. This had included attending additional training and accessing information from Skills for Care and CQC websites.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported
- There was evidence of learning from incidents. Investigations took place and appropriate changes were implemented.