

Kent County Council

Wayfarers

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

This inspection took place on 6 November 2018 and was unannounced.

Wayfarers 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.

Wayfarers accommodates up to 33 older people requiring long or short term care, in one purpose built building. At the time of the inspection, the provider was only using one wing of the building. There were 18 people living at the service who required personal 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.

We inspected Wayfarers in September 2017 and the service was rated 'Requires Improvement' overall with three breaches of regulation. Following the last inspection, we asked the provider to complete an action plan to show how they would meet the regulations. At this inspection, we found that improvements had been made and the regulations had been met. The service was now rated Good overall.

At the last inspection, we found the registered person had failed to do all that is reasonably possible to mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Potential risks to people's health, safety and welfare had been assessed. There was now detailed guidance for staff to reduce the risks and keep people safe. Checks had been completed on the environment and equipment to make sure that people were safe. Incidents and accidents were recorded and analysed for patterns and trends. Action was taken to reduce the risk of them happening again.

Previously, we found the registered person had failed to assess, monitor and improve the quality of the service and maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made the breach of regulation had been met.

At this inspection, audits had been completed consistently by senior staff and the provider to monitor the quality of the service. When shortfalls had been identified, an action plan was put in place and signed off when completed. The registered manager had oversight of the audits and the action taken to rectify the shortfalls.

At the last inspection, we found the registered person had failed to give person centred guidance to staff to meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made the breach of regulation had been met.

Care plans now had detailed guidance for staff about people's choices and preferences. Care plans were reviewed regularly with people, who agreed their care and support. Care plans now reflected the care being given. Staff worked with healthcare professionals to support people at the end of their lives.

The management team met with people before they moved into the service to make sure that staff could meet their needs. Staff monitored people's health and when there were changes, people were referred to healthcare professionals. Staff followed their guidance to keep people as healthy as possible. People had access to professionals such as the dentist and optician. People were encouraged to be as active as possible and lead a healthy lifestyle. People had a choice of meals and were supported to eat a balanced diet.

People were supported to have maximum choice and control over their lives and staff supported them in the least restrictive way possible, the policies and systems in place supported this practice.

People's dignity and privacy was respected, staff treated people with kindness and compassion. People and staff had developed warm relationships and staff had a genuine interest in people. Staff supported people to be as independent as possible and be involved in developing their care and support. People had access to activities and trips that they enjoyed.

People were protected from harm and abuse. Staff knew how to recognise signs of abuse and how to report concerns. Staff were confident that the registered manager would deal with the concerns appropriately. The registered manager had reported concerns to the local safeguarding authority and followed the guidance given.

People received their medicines safely and when they needed them. The service was clean and there were procedures in place to protect people from infection. The service was purpose built and met people's needs.

There were enough staff to meet people's needs, who had been recruited safely. Staff received regular supervision and yearly appraisals, to discuss their practice and development needs. Staff told us they felt supported by the management team. New staff received an induction, staff received training appropriate to their role and staff competency was checked.

The provider had a complaints policy that was displayed in the main reception. People told us they knew how to complain and were comfortable to talk to staff about any issues.

There was an open and transparent culture within the service, staff were focussed on people and maintaining their independence. People, staff and stakeholders were asked their opinions about the service and the feedback had been positive. People and staff attended regular meetings to make suggestions and discuss any concerns they may have.

The management team worked with agencies such as the local council and safeguarding authority to ensure people received effective care. The registered manager and senior team leader attended local forums and training to keep up to date and continuously improve the service.

Services that provide health and social care to people are required to inform the care Quality Commission

(CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in a timely manner.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. That is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating on a notice board in the entrance hall.

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 were protected against abuse, staff knew how to recognise abuse and report concerns.

Potential risks to people's health, welfare and safety had been assessed and there was detailed guidance for staff to mitigate the risks.

There were sufficient staff to meet people's needs, who had been recruited safely.

Medicines were managed safely.

Accidents and incidents were recorded and analysed to identify patterns and trends. Action was taken to reduce the risk of them happening again.

The service was clean, staff wore protective clothing when required to reduce the risk of infection.

Is the service effective?

Good ●

The service was effective.

People's needs were assessed before they moved into the service to ensure staff could meet their needs.

Staff received training appropriate to their role. Staff received yearly appraisals and regular supervision to discuss their practice and development.

People were supported to eat a balanced diet.

People's health was monitored, they were referred to health professionals when their needs changed.

People were supported to live as healthy a lifestyle as possible.

The service was purpose built and met people's needs.

Staff were working within the principles of the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was caring.

People were treated with kindness and respect.

People were involved in planning their care. People were encouraged to be as independent as possible.

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People's care plans contained details about their choices and preferences.

People had access to activities they enjoyed.

People were supported at the end of their lives.

The provider had a complaints policy. People told us they were comfortable to bring any concerns to the staff.

Is the service well-led?

Good ●

The service was well led.

There was an open and transparent culture within the service that focused on people and their experience.

Checks and audits had been completed and these had been effective in driving improvement within the service.

People and staff were given the opportunity to express their views about the service and any suggestions they may have to improve the service.

The management team attended local forums and training to keep up to date with changes.

The service worked with other agencies to improve people's care.

Wayfarers

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 checked 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 November 2018 and was unannounced. The inspection team consisted of one inspector and an assistant inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law, like death or a serious injury.

We looked at five people's care plans, associated risk assessments and medicines records. We looked at management records including two recruitment files, training and support records, resident and staff meeting records, audits and quality assurance. We observed staff spending time with people.

We spoke with the registered manager, senior team leader, team leader, three care staff and four people who lived at the service. We did not use the Short Observational Framework for Inspection as people were able to speak to us about their experience living at the service.

Is the service safe?

Our findings

People told us they felt safe living at the service and this had improved their wellbeing. One person told us, "I feel safe here. When I came here, I was in a real state, now I am much better." Another person told us, "I feel safer than I did at home."

At the last inspection, we found the registered person had failed to do all that is reasonably possible to mitigate risks to people's health and safety. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Previously, potential risks to people's health and welfare had been assessed but there was no detailed guidance for staff to follow to mitigate the risks. Improvements had been made. When people were at risk of developing pressure sores, there was now guidance in place for staff about how the specialist mattress should be set. Staff now recorded when they checked the mattress and what action they took if the mattress was not set correctly, as this was an aid to keep people's skin healthy.

Some people were living with anxiety and depression. Previously, staff did not have guidance on how to support them consistently. There was now personalised guidance for staff about how to support people when they were anxious and this had been effective. One person told us, "The fire alarm went off this morning and I had a panic attack as my door shut. The girls know I panic when I get shut in and they calmed me down."

When people were living with health conditions such as diabetes, there was guidance about the signs and symptoms of when people were unwell and what action to take. Staff described how to support people when they were unwell.

Accidents and incidents were recorded and analysed to identify any patterns or trends. The registered manager used a plan of the building to plot the location of any accidents and record the time, to identify any patterns. The action taken and changes to people's care, following an incident or accident was recorded in people's care plans and staff knew about the changes.

At the last inspection, checks to equipment and environment completed by outside contractors had not been completed when due. At this inspection, checks on the environment and all the equipment had been completed. The service had recently been inspected by the fire service and shortfalls had been identified. The registered manager had an action plan in place and work to rectify the shortfalls had started. Staff had completed fire drills and any shortfalls had been recorded and a plan put in place to improve the drills.

Each person had a personal emergency evacuation plan, these contained details of people's physical and communication needs to be able to evacuate people safely. There was a contingency plan in place to keep people safe in an emergency.

People told us that they received their medicines when they needed them. Staff had received training in

managing medicines safely, their competency to administer medicines was assessed regularly. Temperatures in the medicines room and fridge were recorded each day to make sure that medicines were stored at the correct temperature to remain effective.

Some people were prescribed medicines on an 'as and when' basis such as medicines to relieve anxiety. There was guidance for staff about when to give the medicines, how often and the maximum dose allowed. Some people wanted to continue to administer their own medicines. Staff had assessed if they were safe to do so and checked to make sure they were taking their medicines as prescribed. Medicine stocks were accurate and staff had recorded accurately when people had taken their medicines.

People were protected from the risk of abuse. Staff described what signs they would look for and what they would do if they suspected abuse. There were policies and procedures in place for staff to refer to. Staff were confident that the registered manager would take appropriate action if they reported a concern. The registered manager had reported concerns to the local safeguarding authority as required. Staff understood the whistle blowing policy and that they could take their concerns to outside agencies if they felt it was not being dealt with appropriately.

There were sufficient staff on duty to meet people's needs and keep them safe. We observed staff spending time with people, chatting and taking part in activities. People told us there were enough staff. One person told us, "I know there are always people around, everyone has buzzers and they come quickly." Agency staff were used to cover any shortages. Records showed that regular agency staff were employed, so that they were familiar to people and knew people's choices and preferences.

Staff were recruited safely. Recruitment files of staff recently employed had application forms, full employment history, job description, photo identification and interview questions. Disclosure Barring Services (DBS) criminal records checks had been completed for all staff before they began work at the service. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

The service was clean and odour free. There were sufficient domestic staff to keep the service clean, they followed a cleaning schedule to ensure that all areas of the service were clean. Staff had received training in infection control and followed the provider's policies. We observed staff wearing gloves and aprons when appropriate.

Is the service effective?

Our findings

People told us that they liked the food and they were referred to healthcare professionals when needed. One person told us, "There is always a good choice of food." Another person told us, "I have my doctor, they come quickly when you need them."

People met with the registered manager or senior team leader before moving into the service. An assessment was completed to make sure that the staff would be able to meet the person's needs. The assessment included all the needs of the person including cultural, spiritual, physical and mental health needs. The assessment was used as the basis of the person's care plan.

People's needs, including nutrition, skin integrity and dependency, were assessed using recognised tools in line with guidance from the National Institute of Clinical Excellence. People's care was designed following the guidance from the assessment for example, when people were at risk of skin damage a specialist mattress was put in place.

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 with appropriate legal authority. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

People were supported to make decisions about their daily lives, what they wanted to wear and how they wanted to spend their time. Some people could make complex decisions about their future care and support, staff encouraged people to do this and respected their decisions. The registered manager had applied for DoLS authorisations when appropriate, however, these had not been authorised yet.

People were encouraged to eat a balanced diet. People had a choice of meals and snacks. One person told us, "Even if I want food in the middle of the night, they will do you a sandwich or something." We observed the lunch time meal, it was a social occasion, people were chatting and laughing together. Staff were available to assist people if needed. The meal was hot and looked appetising. Kitchen staff knew people's choices and preferences. People who had been assessed as needing a special diet such as puree, were catered for.

Staff monitored people's health, when there were changes people were referred to healthcare professionals and followed the guidance given. People who had lost weight, were referred to the dietician and had started

to gain weight. People who had problems with swallowing had been referred to the speech and language therapist. We observed staff giving people fluids thickened in line with guidance. People were referred to the GP when needed, during the inspection, one person was referred to the GP after staff had recognised that they were becoming more breathless than usual while mobilising.

People were supported to lead as healthy life as possible. People had access to the dentist, optician and chiropodist when needed. People were encouraged and supported to be as active as possible, people walked around the service and to move in their chair as much as possible.

Staff told us they received training appropriate to their role. Staff received a mixture of online and face to face training. Training was updated regularly, to make sure that staff were up to date with current guidance. Staff received training in subjects such as diabetes and epilepsy, so people received consistent support.

New staff received an induction, they worked with experienced staff to get to know people's choices and preferences. Staff were assessed throughout their probation to ensure they were competent and were offered additional support when required. One member of staff told us, "I have found it absolutely great, all the girls are so helpful. My targets are to get through the care certificate. I've got a buddy, if I needed any help I go to them." The Care Certificate is a nationally recognised set of standards, that social care workers are expected to adhere to.

Staff told us and records confirmed that they received regular supervision and yearly appraisals. They discussed their practice and their future role development. Staff told us that they felt supported by the management team and could speak to them at any time for advice.

The service was purpose built, on one floor. The bathrooms and shower rooms were adapted and large, so people in wheelchairs could access them. People were able access the gardens and there was access for wheelchairs.

Is the service caring?

Our findings

People told us that staff were kind and caring, encouraging them to be as independent as possible. One person told us, "They let me do what I can do, if I can't do it I know that there is always help there. The staff have encouraged me to get about. Now I can use a walker to help me."

People were encouraged to be as independent as possible. We observed staff supporting people mobilising using walking aids, staff offered encouragement telling them how well they were doing. Staff responded to people quickly, when people needed assistance staff helped but only to enable people to continue with what they were doing. Staff spoke to people in a discreet and compassionate way, using the name they preferred.

Staff described to us how they had got to know people and use this information to help them adjust to living at the service. Staff described how one person liked quizzes and board games but did not come to the lounge. Staff discovered that the person did not find the chairs in the lounge comfortable. Staff put a higher chair in the lounge and this supported the person to come into the lounge. During the inspection, we observed them playing board games with staff.

Staff knew what was important to people and how this could help them when they were feeling anxious. Staff told us how they supported someone when they became anxious and could not sleep. They explained that by talking about the person's cats or supporting them to do some colouring, this took their mind off what was making them anxious.

There was a warm relationship between staff and people. Staff told us that they enjoyed learning about people and their lives. Staff said, "I love listening to the people. I love entertaining and doing the activities. I love talking to the people who live here." People and staff were chatting and laughing when spending time together, staff seemed to be genuinely interested in people and what they had to say.

Staff told us how they promoted people's privacy and dignity, by knocking on people's doors and waiting to be asked in. We observed this during the inspection. Staff closed doors when they went into people's rooms to give them support. One person told us, "They talk to me very nicely, they are my friends. There is always a knock on the door."

People were supported to maintain relationships that were important to them. Relatives and visitors could visit whenever they wanted. People had personalised their rooms with their own photos and ornaments, that were important to them.

People were supported to express their views about their care and support. When people had difficulty with their hearing and sight, staff communicated with them using a whiteboard and pen and a magnifying glass. This had been agreed with the person.

People's religious and cultural needs and preferences were recorded and respected. Arrangements were

made for visiting representatives so people could follow their beliefs.

Is the service responsive?

Our findings

People told us that they were confident to raise any concerns they may have and they were involved in devising their care plans. One person told us, "I usually tell the care leader if I have concerns, and you can always talk to them." Another person told us, "They keep it up to date (care plan), and if I wanted anything changing I'd just say and they would sort it out for me."

At the last inspection, we found the registered person had failed to give person centred guidance to staff to meet people's needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made the breach of regulation had been met.

Each person had a care plan, these contained detailed information about their choices and preferences. The care plans had been written with people, when they were able to, people had signed to say they agreed with the plan. There was guidance for staff about when people liked to go to bed and how they liked to get up. Guidance in one care plan stated that the person likes to sit up for a short time and will call for staff when they are ready to get washed.

Staff could describe the support they gave people and how they ensured people made choices about the support they received. Staff told us how they respected people's decisions about how they wanted to be supported. Staff reviewed the care plans with people regularly. Changes in people's support and care were changed and updated as required.

People were supported at the end of their life. People were asked about their end of life wishes and these were recorded, some people had declined to discuss their wishes and this was respected. Staff had received training in palliative care. Staff liaised with the GP and other health professionals to ensure people's needs were met. Staff made sure that medicines were available when people needed them.

People had access to activities that they enjoyed. Staff organised activities on a day to day basis, people were asked what they wanted to do. During the inspection, people and visitors were enjoying a game of bingo, another person was playing draughts with a member of staff. People told us that they were supported to enjoy their own hobbies and interests. People enjoyed trips out, people told us, about a trip to a donkey sanctuary. One person told us, "We just went on a trip to the donkey sanctuary. It was such a good time, we thought one man would bring the donkey home with him."

There was a complaints policy on display in the main reception and in people's rooms. This was only available in a written format, there was not an easy read format, this did not impact on the people presently living at the service. We discussed this with the registered manager, they told us, that they were devising easy read formats for essential documents.

People told us they knew how to complain and were comfortable to raise any issues with the management team. There had been no formal complaints since the last inspection. However, verbal complaints from

people and issues brought up at meetings were dealt with immediately, for example, issues with the laundry.

Is the service well-led?

Our findings

People and staff told us they thought the service was well led and the management team was approachable. Staff told us, "Any time I can go to the managers and they are good listeners."

At the last inspection, we found the registered person had failed to assess, monitor and improve the quality of the service and maintain accurate and complete records. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection, the registered manager had only recently started at the service. The previous registered manager had been on long term sick leave and the service had not had robust leadership. At this inspection, improvements had been made and the breach of regulation had been met.

Previously, the systems in place to audit the quality of the service had not been consistently completed and had not been effective. Audits were now completed regularly and the registered manager had oversight of the outcomes. Senior staff completed audits on areas of the service such as medicines and care plans. When shortfalls were identified, an action plan was devised and signed off when the shortfall had been rectified.

At the last inspection, the provider did not have oversight of the service and had not completed audits on the quality of the service. At this inspection, provider audits had been completed. Peer review visits had been completed, where the provider's other registered managers audit the service. This was used as a learning process for the reviewer and the registered manager. A corporate audit had also been completed in October 2018, an action plan had been put in place and staff were completing the actions at the time of the inspection.

The records for each person had improved and were now accurate. Staff were recording details of people's care and support and care plans now reflected the care being given. Accidents and incidents were now analysed and any patterns and trends had been identified and action taken.

There was an open and transparent culture within the service. The staff were committed and focused on the people living at the service and their experience. The staff understood the importance of maintaining people's independence and being involved in their care planning and their role to promote this.

Quality assurance surveys were completed by people, relatives and stakeholders such as district nurses. The results of the survey had been analysed and the results were positive, the analysis was displayed within the service. Staff surveys had been sent out in October 2018.

Regular meetings were held for staff and people to express their views and keep up to date with changes within the service. Staff meetings discussed staff practice and issues such as sickness and what action would be taken. New policies and guidance was discussed such as LGBT guidance and where to find up to date information. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard, staff knew where to access the information.

People were encouraged to express their views about any improvements that could be made. In September 2018, people suggested about pots in the garden and planting flowers and bulbs. At the time of the inspection, there were pots in the garden and people told us how they had planted the flowers.

The registered manager and senior team leader attended local forums and training sessions to keep up to date with developments in the social care sector. The information was then cascaded to the rest of the staff to make sure that all staff were aware of current practice guidance. The service worked with other agencies such as the local council and local safeguarding team to ensure people receive the care and support they need.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC report rating is displayed at the service where a rating is given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area of the service.