

Winslow Court Limited

Winslow Court

Inspection report

Winslow, Rowden, Bromyard, Herefordshire HR7 4LS
Tel: 01885 488096
Website: www.senadgroup.com

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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 

Overall summary

This was an unannounced inspection on 1 December 2014. The home provides accommodation for up to 32 people who have a learning disability. There were 32 people living at the home when we visited and there was not 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'. The person managing this service had applied to become its registered manager. Following this inspection the person was registered as manager.

At the previous inspection no improvements were identified as being necessary.

Most people were not able to talk with us about their care and treatment due to their communication needs. We observed how people approached and interacted with staff. We saw people were comfortable and confident when they did so. Staff showed they understood people's needs and preferences and talked to us about each person in detail.

Staff told us about how they kept people safe. We saw that staff were available to meet people's care and social needs.

Summary of findings

We saw that people's privacy and dignity were respected. The care provided took into account people's preferences as well as their relative's suggestions. The provider had taken guidance and advice from other professionals such as social workers.

The provider acted in accordance with the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS). The provisions of the MCA are used to protect people who might not be able to make informed decisions on their own about the care or treatment they receive. At the time of our inspection one person was subject to DoLS.

We found that people's health care needs were assessed and care planned and delivered to meet their needs. People had access to healthcare professionals such as doctors and dentists.

People were supported to eat and drink enough to keep them healthy. Snacks and drinks were available during the day and people had choices at mealtimes. Where people had special dietary needs we saw that these were provided for.

Staff were provided with training that reflected the care needs of people who lived at the home. Staff told us that they would raise concerns with the manager and were confident that any concerns were dealt with appropriately.

The provider had taken steps to assess and monitor the quality of care provided at home which took account of people's preferences and the views of relatives and other professionals. These had been used to make changes that benefitted the people living at the home.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People told us they felt safe living at Winslow Court. Staff knew how to protect people from the risks of abuse.

People had risk assessments in place that made sure they received safe and appropriate care.

There were sufficient staff to meet people's needs.

People's medications were managed safely.

Good



Is the service effective?

The service was effective.

People were supported by care staff who had received appropriate training.

The manager and staff understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) which meant people's rights were protected.

People were provided with a choice of meals and drinks that met their dietary needs. People were referred to appropriate health care professionals to ensure their health and wellbeing was maintained.

Staff followed advice and guidance so people's health needs were supported effectively.

Good



Is the service caring?

The service was caring.

People's privacy and dignity was respected. People were positive about the care they received.

Staff showed an interest in and people encouraged them to interact with them and take part in activities that interested them.

People and their relatives were encouraged to express their views on the care they received and staff were knowledgeable about their needs.

Good



Is the service responsive?

The service was responsive.

People had their needs and requests met by staff who responded appropriately.

People's wishes and preferences, their history, the opinions of their relatives and other health professionals were respected. This ensured people received the care and treatment that met their needs.

People were encouraged and supported to raise concerns and complaints.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

People and their relatives were confident that their concerns would be listened to and acted upon.

The provider had taken steps to assess and monitor the quality of the care which the home provided and took account of people's preferences and the views of relatives and other professionals.

Staff were supported by a manager who had maintained up to date knowledge on changes in legislation so that steps could be taken to protect people's rights if necessary.

Winslow Court

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. The person managing this service had applied to become its registered manager. 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. Following our inspection the person was registered as manager.

This inspection took place on 1 December 2014 and was unannounced. The inspection was carried out by one inspector.

We had received information that gave us concerns about the staffing levels within the service and how people's human rights were being managed. We looked at information sent to us by the provider and other bodies such as local authorities who fund the placing of people in this service and the local Healthwatch.

We talked to 11 of the people who lived in this service. Some were unable to respond verbally but we observed their reactions to our questions. We also observed them interacting with the staff. We talked with two relatives, 16 of the staff, the manager and reviewed care records of three of the people.

Is the service safe?

Our findings

The people we talked with told us they felt safe and the staff treated them well. One person told us, “They keep me safe” and told us that staff talked with them about ways of keeping them safe in ways that were acceptable to them. Another relative told us they felt confident that their family member was kept safe and not at risk of abuse.

All of the staff that we talked with showed a good knowledge of the local authority and the provider’s procedures for reporting safeguarding concerns. They showed a good understanding of what constituted an abuse. The staff described how they would respond to allegations or incidents of abuse and who they would report them to. One staff member said, “I would go to the shift leader and then to the manager”. Staff told us that they felt able to report any suspicions they might have about possible abuse of people who lived at the home. They showed a clear understanding of whistleblowing and how to raise concerns.

We saw records that had been completed after physical interventions had taken place. The manager told us that these records were looked at as part of their corporate procedures so that changes in behaviours could be identified as early as possible and therefore changes to people’s care plans could be made. This meant the provider ensured safe procedures were used when dealing with people’s behavioural needs.

Staff told us how they minimised the risks to people when they took part in activities. We saw that plans had been developed that made sure staff had information to keep people safe. Where a risk had been identified the records detailed how to minimise and manage that risk. For example, we saw that one person had been identified as being at risk while away from the home. The plans in place told staff how to support them and staff confirmed they knew what to do.

Concerns had been raised about the number of staff available to support the people using this service. At the

time of this inspection there were enough staff to meet people’s needs. We saw that a number of people took part in activities such as planned shopping trips, cake making and music and dance sessions. The manager told us that more recruitment was being undertaken so as to reduce the chance of the service being understaffed during holiday period and staff sickness. They told us that staffing levels had been calculated by looking at people’s needs and the activities that had been identified as part of their care planning.

One person we spoke with told us how they liked to check their own medication. They said, “I get them to tell me about any changes the doctor makes”. Staff told us they had received training in the safe handling and administration of medicines. They told us they could report any side effects as they knew what they were. The provider had reported that there had recently been a number of errors made in the handling of medication. One person whose medication was involved had reported one of the issues showing that they knew how to report their concerns. The staff we spoke with told us that a complete audits of people’s medication had taken place upon the discovery of the errors and those who were involved were told that they could not administer any further medication until their competency had been checked.

The type and quantity of each medication to be given to each person was clearly recorded on people’s medication administration record. This included the time each dose should be given. To make sure that medication was given correctly clear guidelines had been written for the staff to follow. Some medication was only to be given under certain circumstances. How and when it should be given was in people’s care plans for staff to follow.

We saw medications were stored safely. Staff told us that the provider carried out regular audits of the medication system. We saw records that confirmed this. Where discrepancies were found a record of the action taken was kept to show what steps the provider had taken to prevent a repeat of the error.

Is the service effective?

Our findings

Staff told us they were supported in their role and had regular supervisions with the manager or one of the service's senior staff. One staff member told us, "Supervision is good for advice". This helped to ensure staff felt supported in delivering care to people.

Staff received regular training which reflected the needs of people who lived at the home. For example, autism awareness. We saw that staff had the skills to manage people's behaviours. They told us they had also been trained in restraint techniques which showed them how to minimise risk to the person's safety as possible and recognised these techniques should only be used as a last resort.

Staff knew which type of restraint should be used with each person. People's records contained clear instructions as to which types of restraints should be safely used. The type of restraint the staff described reflected those which were recorded in people's care plans. Staff told us that this process was followed so that only the appropriate levels of restraint were used so as to avoid potential injury to the person.

We looked at how the requirements of the Mental Capacity Act (2005) were being implemented. This law requires that a system of assessment and decision making is followed to protect people who do not have capacity to give their consent. We saw in two care records that assessments had been completed and included what areas of care these related to such as personal care and going out to the local shops.

We also looked at the arrangements the provider had in place for Deprivation of Liberty Safeguards (DoLS). These are formal decisions that can deprive people of part of their liberty.

All staff we spoke with had a good understanding of the Mental Capacity Act and how to put it into practice. We saw that one person was already subject to a DoLS and the manager had submitted an application to the local authority and was awaiting the authorisation outcome. This showed that staff were able to identify restrictions to people's freedom.

People told us that they enjoyed the meals they were offered. They told us that staff asked them what foods they liked and disliked. Staff told us that they found out what people's food preferences were by asking their families when the person first came to live at the service. Staff monitored people's food choices at meal times as well as when they were food shopping. Staff told us that people could were able to make it clear if they did not want a particular food. One staff member told us, "You can usually tell when somebody doesn't like something". Staff told us that special diets for either cultural or medical reasons were catered for. This enabled people to continue with their chosen cultural practices as well as eat foods that would keep them healthy.

People and their relatives told us that they had access to health professionals. Staff confirmed and records showed that people saw various health professionals to help them maintain a healthy lifestyle. For example, people received regular appointments with a speech and language specialist, their doctor and dentists. This meant that people received the support to meet their health needs.

Is the service caring?

Our findings

We saw that many of the people who lived at the home were not always able to express their needs verbally. We saw they looked happy, were often laughing and smiling when with staff and were comfortable and relaxed. They were confident and at ease when asking staff for support.

We saw that when someone's mood changed and they became unhappy or upset staff noticed quickly. We heard the staff quietly talking with them about what was wrong and why, as well as discussing within the staff group ways to calm and reassure people.

Due to the different ways the people expressed themselves we spent time in the communal lounges and dining rooms of the service and observed the care provided to them. We saw staff listened to people's choices, responded to them and encouraged them to take part in activities. People that we talked with told us that staff spent time with them asking what their likes and dislikes were. One person said, "They chat with me about things". Another person told us, "I like playing my music in my room. It calms me. They know that".

When we talked with people's relatives they said they had been involved in planning their family members' care. One relative told us how they had regular meetings with the staff involved in their family member's day to day care. They also told us they found the manager and the senior staff to be approachable about any concerns.

We found that staff had a good knowledge of the care and welfare needs of the people who used this service. People we talked with and their relatives told us that they received the care they wanted and needed. The staff we talked with described the care people received and how it met their needs. We saw that staff discussed people's needs when the shift changed to share up to date information.

During this inspection we talked with two relatives who were visiting their family members. They told us that they were able to visit at the times that they chose. We saw that the staff greeted them in a friendly manner. We saw that they were able to stay with the person they were visiting in the lounge area of the home or could take them out if they wanted. They told us that if they wanted to take their relative out they would phone the service prior to their visit. This was to check that the person wanted to go out and so that staff could make sure they were appropriately dressed to do so.

We saw that staff knocked and waited for an answer before going into bedrooms and bathrooms. Staff told us they had one to one meetings with their unit managers. They said they were able to make constructive comments to their manager about how to maintain people's privacy and dignity. They also said that the protection of people's privacy and dignity was discussed and impressed upon them during their training when they were first employed by the provider.

Is the service responsive?

Our findings

We saw staff encouraged people to be involved in organising their day to day lives. One person told us, “They always talk to me about what I’m going to do tomorrow and I say what I think”.

We saw people had their needs and requests met by staff who responded appropriately. For example, staff went with people to their rooms when they asked for help with washing their hair or if they wanted to do some art work. We saw suitable transport was available to take them out. A visitor that we spoke with told us that they had visited at the weekend and many people had been out and about involved in a number of activities. Assessments of the risks involved in going out had been made. Staff were aware of the measures that had been agreed as being necessary to keep individuals safe. One staff said, “It’s written down if you need to look it up”.

People were listened to by the provider. The manager told us and staff confirmed that as many people were unable to communicate verbally the provider obtained much of their feedback by observing them and recording their reactions to situations as they arose. Those observations were used to develop their care plans.

One person and a relative told us that their care plan was regularly reviewed to make sure any changes in their needs were being met. They told us how other staff with specialised knowledge and skills were involved so that issues could be reviewed in more depth.

We saw that people’s records had been kept under review and updated regularly to reflect any change in their care needs. The wishes and preferences of people, their

personal history, the opinions of relatives and other health professionals had been recorded. This ensured that people received care and treatment that met their needs and considered other health professionals views.

During our inspection we saw people involved in activities that their care records said they needed and enjoyed. These included playing football, baking, musical sessions and visiting local shops and cafes.

Relatives told us that people were enabled to keep in contact with their families. Staff gave us examples of how they supported people to do this. They told us that some family members visited the home and some people were supported to visit their parent’s home. The manager told us and staff confirmed, that during their visits relatives were encouraged to comment on the care being given by the service. They told us this was so that, where possible, improvements could be made in how people’s needs were met.

We asked people about the buildings. Two people said we could look at their rooms. These contained personal items such as photographs, pictures and decoration. The manager told us that all rooms were redecorated to take into account people’s needs and preferences and people were encouraged to personalise their rooms. This meant that people’s preferences were maintained.

People and their relatives told us that they knew how to make a complaint should they need to. One relative explained how they would do this but told us that any concerns that they have had were addressed immediately by the staff on duty. They said this meant that they did not need to use the formal process outlined in the complaints policy. Staff told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. The complaints policy was also available in an easy read pictorial format to make it more accessible for people.

Is the service well-led?

Our findings

We saw that people were familiar with staff and were comfortable when with them. Relatives told us they were happy to approach staff, the deputy manager and provider. They told us that staff made them feel welcome when they visited. They said they were offered drinks and comfortable areas to meet with their relatives.

Staff told us they enjoyed working at the home and felt valued and part of a team. One staff said, "It's fun working as part of the team and seeing people achieve things". The unit managers confirmed that staff were expected to value and appreciate people as individuals. They told us they observed how staff worked with people to ensure this happened. Staff told us they understood and shared the values and beliefs of the provider and these were regularly reinforced by their managers.

Staff told us that the management team were knowledgeable and led by example. They said that they felt the service was well organised by a management team who were approachable, supportive and involved in the daily running of the home. The manager confirmed that being part of the team and visible around the units provided them with the opportunity to assess and monitor the culture of the service. The manager also made time to chat to people when they were working to understand any issues or concerns. During the inspection we saw that people knew the manager and provider well and they were regularly approached by people who wanted to chat with them.

The provider and manager told us how they worked well with the home's management and supported each other to continually improve the service provided to people who lived there. They met regularly to discuss all aspects of people's care and the home environment. Monthly audits had been carried out which looked at a range of areas that affected people's care. For example, how care records were maintained, how positive behaviour was encouraged, people's access to healthcare professionals, staffing levels and incidents and accidents. We saw that this had led to staffing levels being reviewed and further medication training which staff told us had a positive impact for people at the home.

The provider and management team ensured they were aware of current best practice guidelines and advice. They told us that they maintained contact with a range of organisations, both voluntary and statutory sector, so that the care they provided followed latest practices. We talked with one of the organisations that they referred to who confirmed that they had developed a positive relationship with the provider. They gave examples of how this had prompted improvements in care and the environment for people living in the home.

The provider told us that they encouraged people take part in training in order to continue improvements to the service and develop a proactive culture further. One of the staff told us, "There's loads of training on everything".