Hunt Health Care Limited

Winsford House

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

Winsford House is a 'care home'. People in care homes receive accommodation and nursing and personal care as a single package under a contractual agreement with the local authority, health authority or the individual, if privately funded. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Winsford House accommodates a maximum of 38 older people, including people who live with dementia or a dementia related condition, in one residential style building which has been adapted for that purpose. Winsford House is a large detached house situated in a quiet residential area in Clacton on Sea and close to all amenities. The premises is set out on two to three floors with each person using the service having their own individual bedroom and adequate communal facilities are
available for people to make use of within the service. At the time of our inspection 33 people were using the service.

At the last inspection on 10 June 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People were protected from the risks of abuse because staff were trained in recognising and reporting any safeguarding concerns. The registered manager checked staff were suitable for their role before they started working at the service and made sure there were enough staff to support people safely.

Risks to people's individual health and wellbeing were identified with the person and their representative and care was planned to minimise the identified risks. The provider and registered manager regularly checked that the premises, essential supplies and equipment were safe for people to use.

Medicines were stored, administered and managed safely. Staff followed best practice guidance to keep the service clean and mitigate the risk of cross infection.

People were cared for and supported by staff who had the skills and training to meet their needs effectively. The atmosphere was warm and happy and visitors told us they were made welcome to the service.

People were supported to eat and drink enough to maintain a balanced diet that met their preferences. People were referred to other healthcare services when their health needs changed.

People were supported to have maximum choice and control of their lives and staff supported them in the

least restrictive way possible; the policies and systems in the service supported this practice.

People, relatives and staff felt well cared for. The registered manager and staff understood people's diverse needs and interests and encouraged them to maintain their independence according to their wishes and abilities.

Staff were happy working at the service. People were supported and encouraged to maintain their interests and to socialise in the service and in the local community. Staff respected people's right to privacy and supported people to maintain their dignity.

People and relatives knew the registered manager well and were confident any concerns or issues they raised would be dealt with promptly. People and their relatives were encouraged to share their opinions about the quality of the service.

There was a clear management structure in place. The manager and other senior staff were well respected by people and staff. Staff were positive about the registered manager's leadership, skills and experience to provide a quality service. The service people received was delivered in accordance with the fundamental standards of care.

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 remains good	**Good**
Is the service effective? The service remains good	**Good**
Is the service caring? The service remains good	**Good**
Is the service responsive? The service remains good	**Good**
Is the service well-led? The service remains good	**Good**

Winsford House

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 inspection took place on 30, 31 August and 20 December 2017. It was undertaken by two inspectors. The time frame for this inspection was delayed due to the lead inspector not being available and therefore had to be completed later than originally anticipated.

Prior to our inspection we reviewed the information we held about the service, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. We reviewed the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people and we spent time observing the support and care provided to help us understand their experiences of living in the service. We observed care and support in the communal areas, the midday meal, and we looked around the service. Some people were able to talk with us about the service they received but others could not. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we reviewed the records at the service. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at seven people's care documentation along with other relevant records to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in

depth and obtained information about their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with six people, four relatives, two visiting healthcare professionals, six staff, the manager and the provider. We observed the care which was delivered in communal areas to get a view of the care and support provided. The inspection team also spent time sitting and observing people in areas throughout the service and were able to see the interaction between people and staff. This helped us understand the experience of people who did not wish to or could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe because they trusted the staff. One person told us, "The staff are really good I feel very safe." A relative said, "I'm happy to leave knowing that [relative] is safe."

Staff received training in safeguarding and understood the provider's policies for safeguarding and for reporting any concerns about abuse through the whistleblowing procedure. They told us they had no concerns about how staff supported people, but would share any concerns with the registered manager. Information about the local safeguarding authority, and how to raise concerns, was available for staff to access and read. The registered manager understood the requirement to notify us if they made a referral to the local safeguarding authority.

Staff were recruited safely, in line with the guidance for safe recruitment of staff who work in social care. We looked at five staff recruitment files. Each staff member had to attend a face-to-face interview and all new staff had all the required employment background checks and references taken up before they were allowed to start work in the service. Each file also contained evidence that DBS (Disclosure and Barring Service) checks had been completed prior to the staff member commencing employment. DBS is a way of checking whether staff have any previous convictions which allows employers to make safer recruitment decisions.

People's care plans included risk assessments which related to their individual and diverse needs and abilities. Risk assessments were in place in areas such as falls, mobility, medication and nutrition. They provided staff with the necessary information to support people in accordance with their expressed preferences and to minimise the risk of harm to people and the staff who supported them.

Care plans described the equipment people used and the number of staff required. It also stated, the actions staff should take, to minimise risks to people's health and wellbeing. For example, one person had a risk assessment in place for the use of oxygen, it included information for staff about what to do if there was a power cut, and how to obtain replacement cylinders. Another person had a hearing aid and there were pictures in their care plan to show staff how to put it in. Staff told us the information in people's care plans, combined with staff skills and the equipment provided, enabled them to minimise risks to people's individual health and well-being. The registered manager analysed accidents, incidents and falls, to identify any patterns or actions they could take to minimise the risks of a reoccurrence.

The provider's policies to keep people safe included regular risk assessments of the premises and testing and servicing of essential supplies and equipment. Staff received training in health and safety, first aid and fire safety, to ensure they knew what actions to take in an emergency. Staff told us their knowledge and understanding was regularly tested during fire drills. Staff told us repairs and replacements to the premises were undertaken promptly. Maintenance personnel also checked and regularly serviced the mobility equipment such as hoists that people needed, to ensure it was safe to use. People's care plans included their personal evacuation plans (PEEPS) for staff support in the event of an emergency. Staff told us they felt well prepared to act effectively in an emergency situation.

People and their relatives told us that there were enough staff available to meet their needs, and to help them maintain as much independence as possible. The registered manager analysed people's abilities and dependencies to ensure there were enough staff on duty to meet people's needs. Staff told us there were always enough staff and they never felt rushed. They said the staff worked as a team and covered each other's unplanned absences due to sickness. At lunch time we saw that sufficient numbers of staff were available to support people who needed assistance to eat, without rushing them.

Medicines were managed and administered safely. One person told us, "The staff do make sure that I take all my tablets." Medicines were stored in a locked cupboard and trolley, or in a locked medicines fridge, in line with the manufacturer's instructions. Each person had an individual Medicines Administration Record (MAR), and only trained and competent staff administered medicines. The MAR sheets we reviewed were signed as 'administered' in accordance with people's prescriptions.

People were protected by the provider's policies and procedures for the prevention and control of infection. People told us the service was always clean and tidy. The premises were kept clean by housekeeping staff. The cook regularly checked the temperature of the fridges and freezers, as well as the temperature of meals at the point of serving. This ensured food was prepared, stored and served at safe temperatures. The service had been awarded the highest rating, 5, for food safety, at the most recent inspection.

Lessons learned were shared at team meetings, supervisions or as needed. We noted that any issues were discussed and remedial actions put into place. For example, on the first day of inspection we found some of the information in the risk assessments was inconsistent. Staff had signed to confirm that they had completed monthly reviews of care plans, however even when changes had been made to people's care they had not been updated and staff had documented 'no changes'. When we returned for the second day of the inspection this problem had been resolved and the care plans had been updated to accurately reflect people's needs.

Good

Is the service effective?

Our findings

People told us staff were helpful. Their comments included, "They (staff) are all very good" and "The staff here are very good, they are good to us all. They look after us very well." A relative told us staff "Definitely" had the skills and knowledge to support people, and added, "They (staff) have always been wonderful with [Relative]."

New care staff completed the Care Certificate as part of their induction. The Care Certificate is a national set of standards that social care and health workers agree to work to. Staff received training on a comprehensive range of topics such as safeguarding, medication, communication and health and safety. There was a training matrix in place to identify when training was due for completion by staff. Staff received supervision sessions in order to discuss their training and development needs and progress towards their goals. Staff told us they felt supported and could ask for advice or additional training if they needed it. People's needs were assessed and their support was delivered in line with current legislation and evidence based practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training in MCA and DoLS and had a good understanding of the Act. Staff were clear about the importance of obtaining people's consent to their care and DoLS authorisation applications had been appropriately submitted for those people who required them. We observed staff offering people choices and seeking their agreement before providing support. People confirmed that staff asked for their views and consent.

People were complimentary about the meals at the service. We observed people were regularly offered drinks and snacks throughout the day and there was always a staff member in the vicinity of the kitchen to ensure people's safety. Information about people's nutritional needs was recorded in their care files and we observed staff ensuring people received their nutritional supplements where required. Staff told us that good nutrition and people's dietary requirements were important and well known. For example, where people required protein snacks or pureed diet. One person who was diabetic told us that they felt staff managed this well. We saw specialist diets were considered where people had ongoing health conditions that required restrictions, and people who were vegetarian had appropriate choices offered.

We saw evidence that people were supported to attend health appointments and access a range of healthcare professionals where required. This included GPs, opticians and community health professionals. A visiting healthcare professional told us they were impressed with how staff had managed a recent episode of ill health for one person. They commented, "The communication with us is good." Staff completed 'hospital passports' for everyone who used the service. These contained important information about people's communication and health needs, should the person need to go into hospital.

The environment of the service was suitable for people's needs. It was homely and well maintained, with

personal items and some adaptive equipment where required, such as grab rails in bathrooms and a recently installed ramp in the back garden. There was a warm atmosphere and visitors to the service throughout the day. None of the people we spoke with during the inspection raised concerns about the environment.

Good

Is the service caring?

Our findings

People living in the service described staff as caring and thoughtful. One person said, "They put themselves out for you." Staff knew people well and were kind and patient when providing care. Overall people and relatives were very positive about the staff and the care that they received. Comments included, "[Relative] is now where they are thanks to the care she has received." Another person explained that prior to moving into the service they had struggled to look after themselves and had become low in mood. They went on to say that the care provided by staff had meant that, "Now I'm beginning to enjoy life again." A healthcare professional confirmed, "Staff are caring and they know people well."

We observed throughout our inspection that staff were friendly, attentive and respectful towards people. For instance, the registered manager noticed during the lunchtime meal, that one person had placed salt in another person's drink by mistake, and staff offered to get a replacement for them. We also saw staff members discreetly guide people from the dining area to take them to the bathroom when they asked. Another person enjoyed company so the staff member told us they tried to sit with them whenever they had a spare moment so they could chat to them. They told us, "It's important for [person] we don't want them to feel alone."

Staff showed interest in people, enquiring about their day with them. Lots of examples like this throughout our visit showed that staff cared about the people they supported and willingly offered assistance. People appeared at ease with staff and each other. People told us they were treated with dignity and their privacy was respected. Staff were trained to understand the principles that underpin privacy and dignity in care and how to maintain people's privacy and dignity. People's confidential information was stored securely.

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Staff made suitable adjustments to meet the diverse needs of people who used the service including those related to disability, gender, ethnicity, faith and sexual orientation. These needs were recorded in care plans and all staff we spoke with knew the needs of each person well. For example, one person who used the service did not communicate verbally and staff explained how they supported new staff to understand non-verbal communication. Technology was also used to aid communication where required; we saw one person used a white board. Care plans also included information about whether people had a preference over the gender of the staff member caring for them.

All staff completed equality and diversity training, and we saw from the course outline that this training included relevant legislation, the importance of equality and inclusion and how to work in an inclusive way. We saw there was a range of information available to people around the service. This included information they could access from the office, such as details of local advocacy services. Advocates provide independent support for people to express their views and ensure their rights are upheld.

People were encouraged to be involved in decision making about their care and about the running of the service, via review meetings and resident meetings. Rotas were planned with regard to people's needs, interests and activities, which assisted in giving staff enough time to provide care which was compassionate and person centred.

Staff promoted people's independence and people were able to have visitors at any time, and one visitor we spoke with confirmed that they were made to feel very welcome. They told us, "The welcome that I got when I arrived was overwhelming." Additionally a relative said, "I can go on holiday and not worry."

Good

Is the service responsive?

Our findings

Detailed care plans were in place for each person, containing information about people's needs and preferences. Information included people's social needs, communication, mobility, personal hygiene and care and sleep routines. These outlined the person centred approach required for that person's care. There was information about the skills and knowledge required by the care team, linked to people's needs. This level of detail meant that staff had the information they needed to provide care that met the person's needs and preferences in a consistent way.

People had their needs assessed before they moved into the service. This meant that service was confident that they were able to meet people's needs before care commenced. Care plans showed that, whenever possible, people and their relatives were involved in planning what support they wanted and how they wished it to be provided. Relatives told us that staff kept them well informed of any changes in their loved ones needs and were involved in contributing to any changes in the provision of their care. There was also information recorded in people's care files about their advanced wishes in relation to funeral arrangements.

We found that staff were knowledgeable about people who used the service. They were able to tell us about people's needs, routines and preferences. The provider had policies in place to ensure staff used clear and effective communication, and this included the use of handover records and a board in the office which detailed staffing and support arrangements for the day. We also saw staff recorded key information in a daily evaluation record for each person.

Care plans were reviewed monthly, to ensure they remained up to date. People met with their keyworker each month to review their care plan, and we found that people signed their care plans and risk assessments unless they declined to do so. One health and social care professional told us, "I am here quite a lot and I find the communication good."

People had access to a range of activities and entertainment. The activity programme included the option of taking part in a range of therapeutic, creative and social activities arranged by the activities coordinator, staff and manager. This was confirmed from our discussions with people and their relatives. On the first day of the inspection, one person and their family were using one of the dining rooms to celebrate their birthday. We saw that forthcoming events were clearly displayed on the noticeboard so people could plan what they wished to attend. People told us they could choose to spend time alone in their rooms or the quiet communal areas as well if they preferred. We also saw that the staff had made Christmas hampers for a raffle. This was to raise funds to provide a summer house so people could treat it as a tea house and be served tea and cakes. People told us they were looking forward to Christmas. One person told us, "We have a great time here at Christmas, they really look after us." The service had also participated in the 'Pimp my frame." Initiative which was an idea which meant people could decorate their walking frames individually.

Information about how to make a complaint was available in the service and there was a complaints procedure in place, to ensure that any issues were appropriately investigated and responded to. People told us they could speak to their keyworker or the registered manager if they had any concerns. People and their

relatives told us that felt able to raise issues with the registered manager as they arose and were confident they would be listened to and have their concerns promptly addressed. People could also raise any issues in residents meetings. The complaints log showed there had been no written complaints this year and there was no log of verbal complaints as we were told none had been received. On the second day of the inspection a complaints and suggestions box was evident in the main entrance area. One relative confirmed, "I would speak to [Manager] if I had any concerns, they will always deal with problems, however I don't have any currently." The service had received quite a few compliments since our last inspection, which showed people using the service and their relatives remained happy with how the staff provided care.

People were asked how they wanted care and support provided when they were at the end of their lives. Staff recorded people's wishes to ensure that appropriate plans were in place when needed.

Good

Is the service well-led?

Our findings

On the first day of the inspection there were some concerns about who deputises in the absence of the registered manager who also managed another service which was a sister home for the company. During the inspection, it became clear that the manager had been struggling to manage both services independently. There was no deputy in post at Winsford House to take the lead in her absence, which meant that there had been some issues around communication. Some essential information about an incident involving a person had not been passed onto her when she returned from leave; subsequently a notification about an incident had not been submitted to us at the correct time. We discussed this with the manager and provider on the first day of the inspection and subsequently the manager commenced an investigation into the same. On the second day of the inspection the provider had addressed these concerns, and support was in place for someone to deputise in the absence of the manager. Additionally the manager had moved her office to the ground floor and a complete new touch screen call system had been installed. This meant the registered manager could monitor staff, call times and response times daily.

Staff and health and social care professionals told us the service was well run and that all the members of the management team were approachable. A health and social care professional told us, "When I have had contact with the service they have been very open." Staff told us they felt supported and one commented that the registered manager was, "Always willing to listen." And the provider visited regularly. Another staff member said, "There's good management here, much better than other services I have worked in."

In addition to the registered manager, there was now a deputy manager. There were clear lines of responsibility, and both understood their responsibilities with regard to management of the service. All but one notification about accidents and incidents that occurred at the home were submitted to CQC as required. (The one that had not was noted to be a one off incident which was more complex due to staff miscommunication and was not normal practice for the registered manager of the service.) Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales
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We found staff were well motivated and enthusiastic. They told us, "We all work hard here as a team," and, "I look forward to coming to work" and, "It's like a big family home." Both the care and domestic staff were all consistent in their understanding of the person-centred values of the home. They described the values and ethos of the service ensuring residents/people were the main priority, One staff member described, "The values are about people's choices and we always put them first."

The values of the organisation were on display in the service, to reinforce the service's principles. The registered manager said they also promoted the values of the organisation by leading by example and by observing practice and guiding staff.

Staff received supervision and attended team meetings. The provider built links with other services and community organisations, in order to promote social inclusion. People had opportunities to share their views about the service and were encouraged to make suggestions through 'resident meetings' and by chatting with staff. The registered manager gave examples of action taken as a result of feedback from

people, including redecoration of areas of the service, menu changes and choices of entertainment.

The management of the service had processes in place which sought people's views and used these to improve the quality of the service. Relatives and visitors told us they had expressed their views about the service through one to one feedback directly, surveys and through individual reviews of their relative's care. We looked at the responses and analysis from the last quality audit survey in 2017. This provided people with an opportunity to comment on the way the service was run. We saw that 97% of people thought the management of the service were excellent with a further 3% citing the management were good. Additionally we saw that the majority of respondents who lived at the service also thought the personal care and support, catering, premises and response to complaints were excellent with an average overall score of 96.5%. Action plans to address any issues raised were in place and were either in progress or completed. Published comments from relatives included, "we are really lucky to have [relative] here." And, "I would definitely recommend this home."

Systems were in place to manage and report accidents and incidents. People received safe quality care as staff understood how to report occurrences and any safeguarding concerns. Records of incidents documented, showed that staff followed the provider's policy and written procedures and liaised with relevant agencies where required.

The manager told us that they monitored trends such as the number of falls and any medication errors. We were shown evidence to show that the frequency of falls had decreased as a result of this. Issues identified and the response of the manager protected people from identified risks and reduced the likelihood of re-occurrence. Effective quality assurance systems were in place to identify areas for improvement and appropriate action to address any identified concerns.

Audits, completed by the registered manager and provider and subsequent actions had resulted in improvements in the service. For example all staff had recently completed virtual dementia training to help them understand the needs of people living with the condition better. Systems were in place to gain the views of people, their relatives and health or social care professionals. This feedback was used to make improvements and develop the service. For example people had requested that they be checked more regularly at night and this had been incorporated into their night care plans.