Mrs Ann Benson

The Waynes - Bridlington

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

The inspection took place on 14 January 2016 and was unannounced. We previously completed a responsive follow up inspection of the service on 27 February 2014 and found that the registered provider met the regulations we assessed.

The service is registered to provide accommodation for up to 30 people who require assistance with personal care. On the day of the inspection 18 people were living at the service and one person was staying on respite care. The service is situated in the seaside town of Bridlington, in the East Riding of Yorkshire. The property is detached and accommodation is offered on ground and first floor levels in single or double rooms.

The registered provider is required to have a registered manager in post and on the day of the inspection there was a manager in post who was registered with the Care Quality Commission (CQC). 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.

During this inspection we found that the service was safe. People's needs were assessed and risk assessments put in place to reduce the risk of avoidable harm. People were protected from the risks of harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff were trained in safeguarding adults from abuse and understood their responsibilities for protecting people from the risk of harm.

The service had an effective recruitment and induction process and provided on-going training to equip staff with the skills and knowledge needed for their roles and only people considered suitable to work with vulnerable people had been employed by the service.

Staff told us that they felt well supported by the registered manager and could approach them if needed. They told us that they received formal supervision but could also approach the registered manager with any concerns at any time.

Staff had received training on the administration of medicines and we saw there were safe systems in place to manage and handle medicines.

The registered manager was able to show they had an understanding of Deprivation of Liberty Safeguards (DoLS).

People were supported to eat and drink enough and, where necessary, supported to access healthcare services.

People told us that staff were caring and that their privacy and dignity was respected. We observed people were cared for by staff with a positive and responsive manner.

We saw that there were systems in place to assess and record people's needs so that staff could provide personalised care and support. People told us they felt able to make comments or raise concerns and there were systems in place to seek feedback from people who received a service and feedback had been analysed to identify any improvements that needed to be made.

The registered manager monitored the quality of the service, supported the staff team and ensured that people who used the service were able to make suggestions and had systems in place to ensure these were responded to.

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 that used the service were protected from the risks of harm or abuse because the provider had ensured staff were appropriately trained in safeguarding adults from abuse.

There were systems in place to safely manage and administer medication to people using the service.

There was a safe recruitment process in place to ensure only people considered suitable worked with vulnerable client groups.

Is the service effective?

Good

The service was effective.

We found the registered provider understood how to meet the requirements of the Deprivation of Liberty Safeguards (DoLS).

People were supported by trained and competent staff that received induction to their roles and were supervised by the management.

People were happy with the meals provided by the service and we saw their nutritional needs were met.

Is the service caring?

Good

The service was caring.

People were included in making decisions about their care and support whenever this was possible and we saw that they were consulted about their day to day needs.

People were supported by kind and focused staff. We saw that staff showed patience and gave encouragement when supporting people.

Is the service responsive?

Good

The service was responsive.

People felt able to make comments and there were systems in place to gather feedback and respond to complaints. Visitors were made welcome at the home and people were encouraged to take part in suitable activities.

People had person centred care plans that recorded information about their lifestyle and their preferences and wishes for care and support.

Is the service well-led?

Good

The service was well led.

There was a registered manager in post and there was evidence that the home was well managed. Staff and people who visited the service told us they found the registered manager to be supportive and felt able to approach them if they needed to.

The service had effective systems in place to monitor and improve the quality of the service. There were opportunities for people who lived at the service, staff and relatives to express their views about the quality of the service provided.

The Waynes - Bridlington

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 14 January 2016, was unannounced and carried out by one adult social care inspector.

Before this inspection we reviewed the information we held about the service, such as notifications we had received from the registered provider and information we had received from the local authorities that commission a service and contacted the local authority safeguarding adults and quality monitoring teams to enquire about any recent involvement they have had with the service. We also requested a 'provider information return' (PIR), which we received in December 2015. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with five people who lived in the service, five members of staff, the registered manager (who is also the registered provider) and three relatives of people using the service.

We spent time looking at records which included the care files and medicine records for three people who lived at the service, the recruitment and training records for two staff, equipment maintenance records and records held in respect of complaints and compliments. We looked at other records relating to the management of the service, including staff training and quality monitoring records and observed staff providing support to people and the interactions between people that used the service and staff in communal areas. We also looked around the premises and looked at communal areas as well as people's bedrooms, after asking their permission to do so.

Good

Is the service safe?

Our findings

We asked people if they felt safe living at The Wayne's and they confirmed that they did. Two people said, "Yes, I'm safe" and another told us, "Yes, we are well looked after." A relative told us, "My [Name] is secure and settled." We asked staff how they kept people safe and comments included, "I think people are absolutely safe. We have a locked door policy, risk assessments for falls and I always assess visually for any risks I see" and "Yes, definitely. People are always checked on and have their call bells if they need them."

The PIR we received told us that safeguarding adults was paramount to the service and staff completed training in safeguarding adults. Training records evidenced that staff had completed training on safeguarding adults from abuse in the last two years. The staff who we spoke told us that they would report any incidents or concerns to the registered manager. They told us, "People are looked after well and if I saw anything I would speak to the manager" and "If there was an issue I would stop the situation straight away and make sure the person was safe. I would go to my manager."

The information we already held about the service told us there had been one safeguarding adult's incident or referral made to the local authority safeguarding team in the last 12 months. The registered manager told us they were aware of and used the ERYC Safeguarding Adult's Team risk tool for determining if a safeguarding referral needed to be made to them. We saw the risk tool was visible in the service office.

The registered provider had a safeguarding and whistleblowing policy and we saw that safeguarding concerns and actions taken were recorded. Systems that were in place to prevent and address safeguarding incidents, and staff having completed appropriate training to manage these issues, meant that the service was prepared to manage incidents. This meant people were protected from the risk of abuse.

We saw the registered provider's business continuity plan for emergency situations and major incidents such as flooding and fire. The plan identified the arrangements made to access other health or social care services or support in a time of crisis, which would ensure people were kept safe, warm and have their care, treatment and support needs met. A personal emergency evacuation plan (PEEP) was in place for people who would require assistance leaving the premises in the event of an emergency; this included the person's room number, mobility needs and nearest fire exits.

We saw that the registered provider monitored the maintenance of the building. This meant that the service had in place a current fire safety procedure which clearly outlined what action should be taken in the event of a fire. A fire safety risk assessment had been carried out so that the risk of fire was reduced as far as possible and we saw that the service completed fire drills on a quarterly basis with any deficiencies / actions recorded. Records showed that all necessary checks were carried out on portable electric equipment, passenger lifts and installations such as gas and electricity. This ensured they were safe and in good working order.

Care plans recorded risk assessments in relation to moving and handling and the risk of falls. Risk assessments identified the level of risk involved and recorded the details of any equipment the person

required to assist them to mobilise. We observed staff assisting people to mobilise on the day of the inspection and noted that this was done safely; one person had a falls risk assessment and due to their deteriorating health this was reviewed every two weeks to ensure it remained current. Other risk assessments were in place to assess the risks of pressure care, nutrition, continence and mobility. We saw risk assessment were updated every month and where people's health had deteriorated this was reduced to every two weeks. This showed that any identified risks had been considered and that measures had been put in place to try to manage these.

The registered manager monitored and assessed accidents within the service to ensure people were kept safe and any health and safety risks were identified and action taken as needed. We were given access to the records for accidents and incidents which showed what action had been taken, people contacted and any investigations completed by the registered manager. We saw that action plans were put in place to further reduce risks and prevent avoidable harm.

We assessed the medicine management systems used at the service. The registered provider used a monitored dosage system where a monthly measured amount of medicine was provided by the pharmacist in daily doses, as prescribed by the GP. The service had an ordering system that was completed on a monthly basis on the prescriptions for each person and there were satisfactory arrangements in place for the disposal of unwanted or unused medication.

Some prescription medicines are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CDs) and there are strict legal controls to govern how they are prescribed, stored and administered. There was suitable storage of CDs and a CD record book. We checked one sample of entries in the CD book and the corresponding medicine and saw that the records and medicine in use balanced. All medicines were stored in the medication trolley that was fastened to the wall. Excess stock and CDs were stored in a medication cupboard and we saw that packaging was dated when opened to ensure the medicine was not used for longer than recommended.

All staff that had responsibility for the administration of medicine had completed training. We checked a sample of medicine administration record (MAR) charts and saw that they included a photograph of the person concerned and there were no gaps in recording. Any handwritten entries and stock booked in on MAR charts had been signed by two people; this reduced the risk of errors occurring.

We looked at two staff recruitment files and saw that application forms were completed, two references obtained and checks made with the Disclosure and Barring Service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. These measures ensured that people who used the service were not exposed to staff that were barred from working with vulnerable adults. Interviews were carried out and staff were provided with job descriptions and terms and conditions of employment. This ensured they were aware of what was expected of them.

Staff we spoke with felt there were sufficient numbers of staff on duty to meet people's needs. One staff member told us, "Yes there are enough." On the day of our inspection there was a registered manager, one care manager, two care staff, a cook and one cleaner. Staff told us they usually had three care staff in the mornings, three in the afternoons and two during the night.

The care manager told us that care staff worked six hour shifts from 8am to 2pm, 2pm to 8pm and the night's staff worked from 8pm to 8am. We looked at the duty rotas for the two weeks prior to the inspection

which showed us staff numbers were consistent with what we had been told. We observed there were sufficient numbers of staff to meet the needs of the people living at the service.

We saw the premises were clean throughout and that there were no unpleasant odours. However, we noted that in one bathroom a bath chair had a small amount of rust on the underneath and the flooring behind the toilet had a small hole in it. This meant that any water spillages would be able to leak under the floor and therefore the floor could not be cleaned effectively. We discussed this with the registered manager who agreed to address the issues

The home had achieved a rating of 5 following a food hygiene inspection undertaken by the Local Authority Environmental Health Department in August 2015. The inspection checked hygiene standards and food safety in the service kitchen. Five is the highest score available.

Good

Is the service effective?

Our findings

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 MCA requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether authorisations to deprive a person of their liberty were in good order. The PIR we received told us that no one currently living at the service was subject to authorisation under the DoLS, which we saw was the case. The registered manager displayed a good understanding of their role and responsibility regarding MCA and DoLS and told us they had completed assessments and submitted an application for a DoLS for a person that used to live at the service.

Staff told us they were aware of the MCA and its requirements, one staff member told us, "People are able to make their own decisions and if not DoLS is followed." The PIR we received told us that staff had completed training in MCA / DoLS. We were able to verify this in the training records.

People using the service or their representative had signed to show that they agreed with their plans of care and support. We saw in care plans the staff had taken appropriate steps to ensure people's capacity was assessed to record their ability to make decisions. For example, one person's care plan recorded consent to support with bathing, mobility, use of a hoist and having photographs taken. Another care plan recorded that the person had someone acting as their Power of Attorney (POA). A POA is someone who is granted the legal right to make decisions, within the scope of their authority (health and welfare decisions and / or decisions about finances), on a person's behalf.

We saw evidence that staff received an induction which incorporated training the registered provider deemed as mandatory such as, moving and handling, safeguarding, infection control, health and safety, food hygiene and fire safety. As part of the induction process the staff also had the opportunity to shadow more experienced members of staff working in the service. One staff member told us, "My induction included training on moving and handling, food hygiene and fire safety. I was shown around the home and where all the fire exits were." This showed us the service had an induction process to support and develop new staff.

In addition to this the registered manager told us four staff had completed training on stroke awareness and we saw other training included diabetes awareness, dementia awareness, oral health care, mental health and incontinence and most staff had achieved a National Vocational Qualification (NVQ) qualification. This showed us that staff were receiving on-going training to support them in their roles.

The PIR we received told us that staff had regular supervision and appraisal. This was confirmed by the records we saw and the staff we spoke with. They told us, "I have supervision every couple of months and can discuss any problems I have. We talk about training" and "My supervision is regular and we talk about everything including training and if I have any concerns." Supervision records we looked at were detailed and confirmed that line managers discussed personal development and work practices with staff.

People's nutritional and dietary requirements were met. We observed the lunchtime meal in one of the two dining areas and found it to be a relaxed and enjoyable experience. We saw that people were offered a choice of two hot meals (that had been chosen the day before) and could request other smaller meals such as sandwiches if they preferred. We saw staff let people decide where they wanted to sit for their meal and also ensured that those people who chose to stay in their rooms received their food at the same time as people eating in the main dining areas.

The tables were set with cloths, placemats, cutlery, glasses and jugs of juice; one person had a plate guard and another had a built up spoon; this enabled them to eat their meal independently. People told us they liked the meals at the service and the meal we saw being served smelt and looked appetising. They told us, "The food is lovely." A relative told us, "[Name] can get a cooked breakfast or cornflakes and enough to drink." We observed staff explaining to people what the meal consisted of and saw them chatting to people. We also saw people chatting with each other so there was a relaxed and enjoyable atmosphere in the dining area.

We observed the cook ask five people in the lounge what they would like for their meal for the following day. Choices of stew and dumplings or fish, chips, mushy peas or curry were offered. One person did not like mushy peas or curry so the cook gave them an alternative of beans, something they knew the person liked. We spoke to the cook and they told us they were aware of people's specific dietary requirements and were informed when a person had specific nutritional needs. The cook was also aware of people's likes and dislikes which meant people were only served food they would enjoy.

We saw one person required their drinks to be thickened to prevent them from choking, and we saw that this was how their drinks were served on the day of the inspection. People who had been identified as being at risk of malnutrition in respect of their diet were being weighed on a regular basis and some people had food / fluid intake charts in place. This enabled staff to monitor people's nutritional well-being.

People received the treatment they needed from the appropriate health care professionals. A relative told us, "They always phone me if [Name] has to go to hospital or see their GP." Staff told us they were quick to raise concerns as and when they needed to with relevant healthcare professionals, one staff member told us, "I accompany people to the GP, we have chiropody and podiatry services that come in. District nurses are here regularly to give injections and warfarin checks." We saw records to confirm that people received support from healthcare professionals, for example, one person's care plan stated a small pressure sore had been identified. The district nurse had been requested, treatment was given and the sore had healed.

People had patient passports in place; these are documents that people can take to hospital appointments and admissions with them when they are unable to verbally communicate their needs to hospital staff.

We saw that, although signage within the premises was minimal, no-one had difficulty in finding their way around the service. People that required assistance to mobilise around the premises were helped by staff to locate bathrooms, toilets and bedrooms.

Good

Is the service caring?

Our findings

During the inspection we observed a calm and relaxed atmosphere in the service. Staff we spoke with were able to demonstrate that they knew people well. They told us, "[Name] likes to sit upstairs in what we call the 'crow's nest' and watch people going by outside" and "[Name] is a spiritualist and will read the crystal ball to us." People and their relatives told us staff cared about them, comments included, "They are good to us" and "This is [Name's] home and they always support [Name]."

We observed that staff interaction with each other and people who used the service was respectful. Staff responded to call bells and requests for the bathroom quickly and were kind and compassionate to people when giving support. A relative told us that staff provided good care, explaining "[Name] had some health issues and the staff kept on supporting [Name] and helped to get [Name] speaking again. This is testament to the staff here." We observed that the support provided was person centred and kind.

We saw that staff worked calmly around people and spoke with people when they walked past them. They said, "Hello [Name]" or "How are you, is there anything you need?" and always spoke directly to the person using their name. Throughout the inspection we saw many examples of staff stopping to speak to people in a respectful and friendly manner, making eye contact and speaking with people at their level if they were sat down.

We observed that staff supported people wherever possible to make decisions. One person who used the service told us, "I decide what I want to do and they help me." We observed that care was not restrictive and people were supported to maintain their independence. For example, we saw one person ask a staff member if they could sit in a comfy chair in the lounge. Two staff responded promptly and gave the person time to get up from their wheelchair at their own pace and helped them into the chair they had chosen.

We noted that care plans contained information about the assistance people needed. Staff told us that they supported people to do as much as they could for themselves. One member of staff told us, "People get up when they want or choose to stay in their rooms and they eat their meals where they prefer and wear the clothes that they want to." The PIR we received told us that staff had completed training in dignity and respect and we were able to confirm this in the training records. Staff were able to demonstrate how they protected a person's privacy and dignity, such as knocking on doors before entering the room and closing curtains and doors when supporting people with personal hygiene.

We found that people who used the service were immaculately dressed in clean and smart, co-ordinating warm clothes. Their hair was brushed and they had on appropriate footwear such as shoes or slippers. People had warm blankets and their own personal belongings such as bags with them.

There was no one receiving end of life care (EOL) at the time of our inspection. We saw that care files contained a care plan for advanced EOL wishes and in some cases Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) orders. We noted that people's future wishes in the care plans we reviewed documented what was important to / for the person and any specific requests they had.

Good

Is the service responsive?

Our findings

There was evidence of activities available to people using the service. Staff told us that activities usually took place in an afternoon. However on the day of the inspection the activities worker was absent. We saw a weekly activity plan with activities offered between 1pm and 4pm each day, this included bowls, games, craft making and painting, DVDs and a trip out on the service minibus each day. Staff told us one person was the champion at bowls and when we asked them they told us, "Yes, I am. I must be good."

We noted the lounge area had items for people to engage with and we saw people reading newspapers and magazines and other people involved in other activities such as watching the television and chatting to one another. In one of the dining areas we saw pictures and paintings that people had made. Relatives told us, "[Name] doesn't like to mix but is always asked if they want to take part and the decision is respected if [Name] doesn't want to" and "[Name] does a lot of painting which is one of their interests." During the afternoon we observed people sitting together and watching a musical film in the lounge and we saw that staff were engaging and inclusive. They knew the people involved with the activities and clearly had a good relationship with them.

Assessments were undertaken to identify people's support needs and care plans were developed outlining how these needs were to be met. Records in care files evidenced that the information had been gathered from the person themselves, their family and from health care and social care professionals involved in the person's care.

The three care plans we looked at were written in a person-centred way and identified the person's needs and abilities as well as their choices, likes and dislikes. People who lived at the service had care plans in place for communication, mobility, continence, personal hygiene, pressure and skin care and eating / drinking. Records also included people's life histories including their past work and personal lives, their daily day / night routines and what was important to them. This meant staff had an understanding of the person's needs, past history and life experiences.

Care plans were reviewed and updated each month and staff told us that they got to know about people's individual needs and wishes by reading their care plans and by talking to them. A relative told us, "[Name] and I know about the care plan and when [Name] first came the service wanted to know all about [Name's] physical and emotional needs. [Name] used to have a cup with a lid and is now using regular cups for drinking and can now brush their own teeth again. The staff just keep on helping [Name]." This meant that care plans were up to date and reflective of the person's current care needs and abilities.

We saw that relatives / visitors came to the service throughout the day of the inspection and that they were made welcome by staff. They chatted to other people who lived at the service and we saw one relative bring in newspapers and sweets for people. Relatives told us that staff always seemed pleased to see them, comments included, "It's great here. I pop in every day and bring newspapers and they are very good" and "I can't fault it. I visit at various times and it is always welcoming." This enabled people to maintain relationships with people who were important to them.

There was a complaints procedure and forms to complete on display in the entrance hall of the service. This described what people could do if they were unhappy with any aspect of their care. Checks of the information held by us about the service and a review of the registered provider's complaints log showed that there had been no complaints made about the service in the last 12 months. One person who used the service told us, "If I wasn't happy I would tell them" and a relative said, "I know where the procedure is and it gives you a full run down of what to do."

Good

Is the service well-led?

Our findings

We sent the registered provider a provider information return (PIR) that required completion and return to CQC before the inspection. This was completed and returned within the given timescales. The information within the PIR told us about changes in the service and improvements being made.

The registered provider is required to have a registered manager as a condition of registration. There was a registered manager in post on the day of our inspection and so the registered provider was meeting the conditions of registration.

We observed that there was a peaceful atmosphere within the service and care and support was provided throughout the day in a relaxed and calm manner. People using the service, their relatives and staff we spoke with told us The Wayne's was a nice place to live and work. They told us, "Yes I'm happy" and "Yes it's very nice." Staff told us, "The management team will get stuck in and help us out."

We saw that there were clear lines of communication between the registered manager and staff and the registered manager was a visible presence within the service. They knew what was happening and were aware of the specific needs of the people using the service. The staff we spoke with knew what was expected of them and focused on the needs of the people using the service. We asked staff if they thought the service was well led. One person told us, "Yes it is. The atmosphere is fab and the manager has the patience of a saint. They are so flexible with us."

Meetings were held with staff and so they could focus on specific issues. We saw meetings had been held in January, March, June and November 2015 and topics discussed included best practice and dignity. The service held six monthly resident meetings to discuss the service delivery, activities and any complaints and to provide an opportunity for people to give feedback. We saw meetings had been held in June and December 2015 and issues discussed included the laundry service, activities and the planning of a new bowls team. This meant people were consulted and able to give their views on the service.

In addition to the meetings, people who used the service, their relatives and staff took part in regular surveys of the service. We saw relatives were being given their 2016 surveys on the day of the inspection. We saw previous surveys from 2015 had been evaluated and actions taken from the feedback. This provided an opportunity for people to provide feedback to the registered manager and make suggestions that could improve the quality of the care and support provided. For example, relatives had not understood what the 'Duty of candour' meant. The registered provider's policy had been placed in the main entrance area for people to see and read. This showed us people's views were listened to.

Quality audits were undertaken to check that the systems in place at the service were being followed by staff. We saw audits were completed monthly and annually on areas such as medicines, infection control, care planning, training, meals / diet / nutrition and activities. This meant any patterns or areas requiring improvement could be identified.

We saw that the service had a statement of purpose which recorded the service aims and its objectives, which were 'to offer a highly professional care service for the elderly, based on putting each individual at the centre of the planning process.' This provided a clear philosophy of the service's values, which focused on contact with family, friends and advocates, staffing numbers and qualifications, how to complain and privacy and dignity.

We asked for a variety of records and documents during our inspection. We found that all records containing details about people that used the service, in relation to staff employed in the service and for the purpose of assisting in the management of the service, were appropriately maintained, were held securely and were kept up-to-date.