

SCA Care

Winfrid House

Inspection report

Boniface Close, Totton
Southampton
SO40 3SJ

Tel: 02380516010

Date of inspection visit:
16 January 2020

Date of publication:
19 February 2020

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

About the service

Winfred House consists of 27 individual flats within an extra care housing scheme. The service provides personal care for older people and adults under 65 years, some of whom were living with dementia, learning disabilities, autism, mental health, physical and/or sensory impairment. At the time of the inspection the service was supporting 15 people with personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People told us they felt safe, secure and well treated by staff at Winfred House. Medicines were well managed, and people received safe and appropriate support to take their medicines where required. There were enough staff on duty each day to support people safely and in a timely way. Staff understood their safeguarding responsibilities and knew how to report any concerns. Individual and environmental risks associated with people's health and wellbeing had been assessed and measures were in place to reduce the risks. Robust recruitment processes were in place which ensured only staff suitable to work in social care were employed.

People's care and support needs were assessed before they started to receive a service to ensure these could be met at Winfred House. People retained choice and control over their care and were involved in developing their care plans in line with their needs, wishes and preferences. People were supported to access routine and emergency healthcare services in order to maintain optimum health. Some people were independent with their eating and drinking, and staff supported people with their nutritional needs where required. Staff received regular supervision, appraisal and training to support them to deliver effective care.

People spoke highly of the staff who had supported them. They were very satisfied with the care they received and the respect they were shown by staff who promoted their independence, privacy and dignity. People received person centred care and support which was reviewed regularly to ensure it continued to meet their individual needs, preferences and choices. Staff had ready access to care plans and were responsive to people's needs and wishes. People had no complaints but knew who they could speak to should this be the case and felt confident any concerns would be addressed.

The registered manager had created an open and transparent culture and people and staff felt involved in the on-going development of the service and their opinions were valued. Staff consistently told us they felt supported by the approachable management team and spoke highly of the scheme manager who had made significant improvements. The registered manager worked closely with local community groups and commissioners to promote joined up working and improve systems and processes.

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

Why we inspected

This service was registered with us on 13 December 2018 and this was their first inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Winfrid House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted, single household, accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

This inspection was announced.

We gave the service 36 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection.

Inspection activity was carried out on 16 January 2020.

What we did before inspection

We reviewed information we had received about the service including notifications which the provider is required by law to send us about certain events that happen within the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed feedback we had received about the service from a care professional.

During the inspection

We spoke with one person's spouse and their relative who was visiting and spoke with three people in the communal lounge to find out about their experiences of their care. We spoke with the registered manager, the scheme manager and four members of care staff. We spoke with one health care professional who was visiting the service.

We reviewed a range of records including those relating to the management and monitoring of the quality of the service such as audits and surveys. We reviewed four people's care records and pathway tracked two people's care. Pathway tracking is when we check to ensure people had received all the care they required. We looked at four staff recruitment, supervision and training records.

After the inspection

The registered manager sent us further information we had requested. We received feedback from a social care professional who had been working with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Robust systems were in place and followed by staff to keep people safe. People told us they felt safe and well treated and could raise concerns if they felt anxious. One person said, "I always feel safe here. I have no concerns at all." Another person told us, "[My relative] is very safe and secure. They [staff] always make sure she's safe when hoisting and nothing is in the way." A third person told us, "I feel safe. I have a pendant I can press. Staff always come quickly."
- Staff had received safeguarding training and understood how to identify and report any concerns both internally and externally, for example to the local authority or to the Commission. They had access to the provider's safeguarding policies and guidance on their mobile phones for reference.
- The registered manager and nominated individual were in the process of completing training to qualify them to deliver safeguarding training in-house.
- The registered manager had made appropriate referrals to the local authority safeguarding team and to the Commission when required.

Assessing risk, safety monitoring and management

- People had been assessed for individual risks such as the risk of skin breakdown, medicine side effects and choking, and guidance was in place for staff in how to manage these risks. For example, one person's choking risk assessment stated, 'Please do not put too much on my spoon and ensure I have finished my mouthful before feeding me another one.'
- Environmental risk assessments were completed in each person's home, such as trip hazards and water spillages and guidance was provided for staff in how to minimise these risks.
- The provider had implemented an electronic care recording system which staff used to record their visits and the care they had provided. This enabled the management team to monitor that all required care had been given.

Staffing and recruitment

- The provider had robust recruitment procedures which ensured only staff who were suitable to work in a social care setting were employed. Appropriate checks were carried out on each staff member before they commenced employment. These included proof of identity and employment references, and a criminal record check from the Disclosure and Barring Service (DBS). A DBS check helps employers to make safer recruitment decisions.
- There were enough staff deployed on each shift to keep people safe and meet their needs. The scheme manager completed weekly staff rotas in advance which ensured all visits were covered. The registered manager monitored their staffing and had a plan in place should they need to recruit. They told us, "We look at values and qualities over bodies. It's quite easy to recruit in Totton but DBS checks etc can cause delays

so we do have to rely on regular agency sometimes. The rotas are looking more healthy now. It's turned around. [The scheme manager] and the care team have been brilliant."

- People told us there were enough staff on duty. One person told us, "They always turn up. I've not had any missed [visits]." Another person said, "I've never had a missed visit. If they're going to be late they let me know. I can rely on them."
- Staff told us there were enough staff and the scheme manager was on hand to support if necessary. Comments included, "There are always two of us on shift and [The scheme manager and registered manager] cover each other." Another staff member confirmed there were usually enough staff. They told us, "It's generally okay, it's not too bad. It can be a bit tight, depending, it varies day to day." They told us if there was an incident which delayed them, "We let [the scheme manager] and other carers know. We're all pretty understanding and help each other out."

Using medicines safely

- Staff supported people, where required, to manage their medicines in a way that maintained safety but also promoted their independence as much as possible. For example, some people only required prompting or reminding to take their medicines. Other people required staff to administer their medicines to them.
- People confirmed they were satisfied with the way they received their medicines. One relative told us, "I order [my relative's] medicines and I give them to her." Other comments included, "They [staff] always give me my medication," and "They [staff] turn up when they're meant to and give me my medication."
- Staff received training and competency checks which ensured they had the skills and knowledge to administer or prompt with medicines safely.
- Staff maintained records of when people had taken their medicines on the electronic care system at the time they were given. Any queries, or medicines not recorded as given, were flagged up on the system and could be easily and quickly investigated. Observed practice sessions were carried out by the management team to ensure staff were administering medicines safely.

Preventing and controlling infection

- Staff understood when to use personal protective equipment (PPE), such as gloves and aprons when delivering care to people. People told us staff always wore gloves and aprons when providing personal care, for example. The management team carried out spot checks to ensure staff were using PPE appropriately.

Learning lessons when things go wrong

- There were robust procedures in place for reporting, recording and investigating incidents and accidents. Learning from these was put into practice to reduce the likelihood of reoccurrence. Staff were kept informed of any changes to people's care as a result of incidents or accident investigations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager had established a positive working relationship with the commissioning teams to ensure the initial assessment process was detailed and effective. All relevant information was shared to ensure people's needs could be met effectively. Assessments included, for example, people's medical history, mobility, nutritional and personal care needs. This information was used to develop person-centred care plans with people to agree how they would like their care to be provided.
- The provider referenced national research and guidance to assist in developing effective care practices which was made available to staff.

Supporting people to eat and drink enough to maintain a balanced diet

- People's food and drink preferences were recorded in the care plans. For example, one person's care plan recorded they liked a cup of tea with one sugar but sometimes liked a cup of hot Oxo and staff were aware of these preferences. The person told us, "They get me breakfast, dinner, tea. I never go hungry. I always have a drink. Tea, Oxo, a cup of water. Staff know what I like."
- Where people had specific health conditions, such as diabetes, this was recorded in their care plans and staff supported people to make their own informed meal choices.
- Some people purchased their own food, or it was brought in by their relatives. Where people wished to purchase frozen ready meals to be delivered, staff supported with this if required. Where people required assistance from staff to heat their meals this was provided. People told us they were happy with the support they received. One person told us, "Staff heat my meals for me. They make me a cup of tea or water, any drink I want. I never go hungry or thirsty."
- Staff recorded when they had supported people with their meals and drinks and this was used to monitor people's food and drink intake. A staff member told us if someone declined to eat or drink an alert came up on the electronic care system. This enabled staff to identify where people may be at risk of malnutrition or dehydration and seek advice.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Some people managed their own health care or were supported by their families when advice and treatment was required. However, people confirmed the staff were attentive and observant and identified any concerns which needed medical advice. A relative told us, "They are very observant. They noticed a nasty sore inside [my relative's] mouth. She now has a spray and it's much better. It's the little things. ...they're always looking and doing everything they can."
- We spoke with a health professional who was visiting. They told us, "The staff are spot on, prompt to

identify [a concern]. They follow the recommendations we give them. They're very good, very thorough. They dot the Is and cross the Ts. They don't go outside their remit and like nurses to guide them." A district nurse had left a positive comment for staff which highlighted how well a person looked when she visited.

- Staff understood emergency procedures and knew when and who to contact for out of hours medical advice and emergency services.

Ensuring consent to care and treatment in line with law and guidance

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 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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People had the capacity to make day to day choices about how they wished to receive their care. People told us the staff always asked for their consent before providing care. This was confirmed by staff who told us people were able to consent when asked, for example, if they wanted to take their medicines.
- Staff received training in the principles of the MCA and their knowledge was refreshed through staff briefings and supervisions.

Staff support: induction, training, skills and experience

- Staff received on-going training such as medicines administration, safeguarding and MCA. Training was monitored by the scheme manager who reminded staff when it was due to be refreshed. This ensured staff were kept updated with knowledge and skills and enabled them to provide safe and effective care. Staff felt well supported with their training and development. Staff had opportunities to complete a nationally recognised qualification and comments from staff included, "I couldn't fault the managers with their support," and "They [registered manager and scheme manager] were really supportive."
- Staff received regular supervision which provided staff with opportunities to discuss their work, any concerns and to receive feedback about their performance. Spot checks took place which enabled the management team to monitor staff practice such as personal care, infection prevention and control, moving and positioning, and ensure they were meeting expected standards of care.
- All new staff received a thorough induction when they started working at Winfrid House. One staff member told us, "I spent five days doing the Care Certificate. I shadowed carers and spent time with [the scheme manager]." All new staff completed the Care Certificate as part of their induction. This is a nationally recognised standard of care practice which all care staff should meet.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and relatives consistently told us the staff were very caring, friendly and helpful.
- One person told us, "They're not just carers, they care." A relative said, "They [staff] are lovely. They always ask if there's anything else they can do. I feel like I'm coming to mum and dad's home, not 'a home'."
- Health and social care professionals told us the staff were very caring. One health professional told us, "Staff are super. They have a lovely approach. They're very dedicated. It's nice coming here." A social care professional confirmed, "The staff team have good relationships with the residents [people] and have been noted to go the extra mile to engage with people who are reticent to accept care."
- Staff told us they had time to chat with people and support them at their own pace. One staff member said, "I like the time we get with [people]. We can find out who they are. Some people don't have family, so we can sit and chat. Talk about common interests. I like to know they're okay. If you don't care you shouldn't be here." People we spoke with confirmed staff did not rush their visits and enjoyed chatting with them. One person commented, "They value you, they're not just in and out. They're always lovely and chatty."
- People and relatives told us they felt involved in their care and support and were re-assured by staff. For example, a relative told us they felt involved and included and said, "When they [staff] transfer [my relative] to her chair they always ask me, 'does [name] look alright to you [name]?' They told us they felt re-assured and said, "They always make her feel comfortable. They don't leave me to worry."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy. We observed staff knocking on people's doors and calling out before entering. People confirmed this was usual practice. One person said, for example, "They always knock and say hello before they come in." A relative told us, "They are very discrete and confidential when they give [mum] her personal care. Even if I come in, they will pull the door to, to respect her privacy and always make sure the curtains are pulled to."
- Staff respected people's dignity and ensured people were supported to be clean, well dressed and well cared for. There was a small hairdressing salon and a hairdresser visited twice a week. A relative told us, "Mum always looks nice. They take care. It's nice to see that, it's my mum."
- People were encouraged to maintain their independence as much as they could. For example, one person told us they struggled to feed themselves their breakfast but could manage other meals with the help of eating and drinking aids. Staff provided adapted cutlery and a plate guard which enabled the person to eat as independently as possible. A social care professional also told us, "The team [Staff] are keen to support people to maintain their independence in the community."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were written and agreed with people when they moved to Winfrid House which ensured their care and support was centred around the things that were important to them. For example, one person's care plan stated, "What's important to me; independent living, family, day centre." Another person's care plan said, "Please chat to me throughout my visit and check I'm comfortable." People and relatives told us they were happy with their care which was delivered in line with their care plans.
- People and relatives told us staff regularly checked if they were still happy with their care or if they wanted any changes to be made. One person said, for example, "I have input. I always feel in control." Another person told us, "They [staff] always check, ask me what I want and how I want it [care]. They will do anything I want. I need help getting up and washed and dressed as I can't use my left hand." A third person told us, "They will help with whatever I need. They wash me, shave me, anything I want." A social care professional told us, "The staff team are proactive in noting when individual's situations and needs vary and flex the care provided to them to support as needed."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed and staff understood how to support people with these. For example, where one person was hard of hearing they required staff to simply speak loudly and clearly. Where people wore glasses or hearing aids, staff ensured these were clean and in good working order.
- The scheme manager ensured information was accessible to people, such as pictures of activities in the activities programme for people who found it difficult to read.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Some people were able to access the community independently and meet up with friends and family, and others had visitors at home. One person liked to sit in the reception area and watch people coming and going and staff chatted to her as they passed by. Another person told us they liked their own company and spent a lot of time in their flat. However, they attended a day centre three times a week which they enjoyed. Staff were aware of who was at risk of isolation and tried to encourage them to the lounge to socialise with a

drink or to take part in activities with others.

- Staff provided a programme of activities in the communal lounge which enabled people to get together and enjoy activities in a social setting. There was an activities room where people could go, for example, to do jigsaw puzzles or painting and people's artwork was on display to show off their talents.
- The registered manager had an allocation of support hours for social activities and well-being which they shared with two other local services run by the provider. They sometimes arranged for people from the other services to meet up.

Improving care quality in response to complaints or concerns

- The provider had a robust formal complaints policy in place and people had received information about how to complain and knew who to speak to. People and relatives told us they had no complaints although they were confident any concerns would be addressed if they raised any concerns. Complaints were monitored by the registered manager, the nominated individual and the management board to analyse any trends and ensure any learning was shared.

End of life care and support

- The service provided compassionate and caring end of life care to people and their families. Whilst the service was not currently supporting anyone with end of life care, the registered manager and scheme manager told us how they had previously worked in close partnership with the GP to enable a person to fulfil their wish to remain at home at the end of their life. During this time the person celebrated their 100th birthday and their guests went to see her in her room and enjoyed a birthday cake decorated with her favourite colours. The person passed away peacefully with their family by their side. The scheme manager and staff offered compassionate support to the family throughout and provided practical support and information about local bereavement services.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had taken over the management of the service in December 2018. The provider and management team had worked hard to develop a positive, stable and inclusive working culture and had brought the staff team on board with the organisation's vision, values and objectives. The registered manager told us, "Winfrid House has been on the biggest journey. They have come so far. [The scheme manager] and the care team have turned it around. They've been brilliant."
- Staff were happy to be working at Winfrid House and felt supported in their roles. They understood their responsibilities and worked to the provider's values and standards. One staff member told us, "[The scheme manager] is always there. She is so helpful and supportive and so positive. I feel part of the team." Another staff member said, "[The scheme manager] has had a lot to do. She's done a really good job of running this place. She always has time for me. She genuinely cares about my wellbeing and I feel valued." A third staff member said, "We have handover at every shift so you're up to date with everything. We can always ask [the scheme manager] if we're not sure. We're a good team. I have no complaints." A fourth staff member said, "[The scheme manager] does an amazing job. I can't fault her. She's so good, supportive, approachable. I love it here. I enjoy coming to work."
- Surveys were used to obtain feedback from people and help drive improvement. The most recent survey results were very positive with people stating the care was good or outstanding. Comments included, "Care staff and management exceed all expectations" and "first class care" and "always listen and do what they can to help." A relative told us, "SCA and [the scheme manager] have really improved it. It's more organised, better care. Everyone knows about everything."
- The registered manager worked closely with the scheme manager and nominated individual to monitor the quality of the service through a range of robust audits. There were clear and robust action plans in place where areas for further improvement of the service had been identified. Some actions had been completed, such as medicines storage, on call recording and updating staff on policies and procedures. The action plan was a working document which was regularly reviewed for progress.
- The electronic care system ensured more effective monitoring of day to day care delivery. Staff had immediate access to information and communication on their mobile phones and if care was not recorded this flagged up with the on-call team who monitored the system. A staff member told us on-call had contacted them when one person's medicines had not been recorded as given. They told us it was a good system and provided a double check to ensure people received all the care they required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- People told us they knew the scheme manager and registered manager who were both approachable and always visible and available. A relative said, "Her [the scheme manager] door is always open. She always has time for me. If I'm feeling down she will talk to me."

The registered manager and scheme manager had developed a strong, person centred culture within the service and people felt valued and listened to. For example, one person told us, "I'm more than happy. They are a great help to me and my family." Another person had commented that he appreciated everything the staff did for him and he just loved how the staff supported him. A third person told us they felt safe and reassured having staff around.

- A bereaved family commented, "[Our family member] outlived her relations reaching the grand age of 100 ... which we all celebrated at Winfrid House. She always said that her long life was due to the loving attentions of her family and the excellent care she received from the carers at Winfrid House and her doctor [Name] that she achieved such an amazing age."

- Staff also felt valued and listened to and received feedback during staff meetings and supervision when compliments were received. Thank you cards and comments were given to staff by the management team to acknowledge their contributions. A recent comment from the registered manager said, "Just want to say well done! Feedback from the customer forum was really positive. [Name] even said you all exceed expectations. Keep up the great work!"

- Staff had opportunities to share ideas at team meetings and briefings and were kept informed of service developments and training. A staff member confirmed, "We have team meetings, discussions, feedback, we are involved and included. We're a good team. Communication is really good."

- Customer forums took place where people could discuss things that were important to them. Feedback from the most recent forum was positive and this was communicated to staff.

Working in partnership with others.

- The management team worked with other organisations to develop positive relationships and improve outcomes for people. A social care professional told us, "We have recently held three publicity events in each of the Extra Care Housing Schemes hosted by SCA [The provider] collaboratively working with New Forest District Council and Hampshire County Council. Feedback has been very positive."

- The registered manager met with the Local Authority every month to look at who might be ready to move into Winfrid House. This had improved the assessment and referral process and ensured placements were appropriate and people's needs could be met. The registered manager had also recently met with the hospital discharge teams to feedback some concerns about the process which they felt put people at risk. They hoped this would improve people's experience in the future.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour and had robust procedures in place if things went wrong. People who were confident in the management team to address any shortfalls.

Continuous learning and improving care

- The provider had robust procedures in place to identify any learning from incidents and accidents. All incidents were reviewed by the health and safety committee and the management board of SCA to ensure learning across the organisation. Where any learning was identified, this could be shared with staff quickly through the new electronic system.