

Bupa Care Homes (CFC Homes) Limited

Winters Park Residential Home

Inspection report

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Penrith
CA118RG
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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

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, and to provide a rating for the service under the Care Act 2014.

Winters Park provides accommodation and personal care for up to 41 older people, some of whom may suffer from

dementia. It is owned and operated by Bupa Care Homes (CFC homes) Limited. The home is situated within a residential area about one mile from the town centre of Penrith.

There was a registered manager in post at the time of our inspection visit. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

At the last inspection visit in January 2014 we found that this service met all the national standards we looked at. Since then there has been no incidents or concerns raised that needed investigation.

This was an unannounced inspection that took place on 5 August 2014 and during the inspection we spoke to people in their own rooms and those who were sitting in the communal areas. People told us they were happy with the care and support they received. Comments included, "I love it here because I am never lonely.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate which meant there were sufficient staff to meet people's needs and support their independence. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People had access to health care services which ensured their health care needs were met. Staff had completed training in safe handling of medicines and the medicines

administration records were up to date. People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. People told us they had a choice of dishes at each meal.

People told us staff were kind and caring, which our observations confirmed. People's privacy and dignity was respected by staff that provided individual and personalised care. Each person had an individualised support plan that outlined the level of care required to meet their needs.

Staff training was up to date. All staff were supported by the management team through regular staff supervision and appraisals. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed to care for and support those using this service.

The provider had an effective system in place to monitor the care and support given to those who lived in Winters Park.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe living in Winters Park. Staff were aware of their roles and responsibilities to keep people safe and protect them from abuse. All staff had completed adult protection training. Medicines were administered safely with all records up to date.

Procedures for staff recruitment were robust which meant only suitable people were employed to care and support those who used the service. The service had procedures in place in relation to the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS).

We saw that people had been fully assessed before they were admitted to Winters Park. We found individual risks had been assessed and identified as part of the care planning process. Control measures had been put in place to manage any risks in a safe and consistent manner.

Good



Is the service effective?

The service was effective. We observed warm and open interactions between the staff team and the people who lived at the home and their families. This approach helped staff to find out what mattered to a person so they could take account of their choices and preferences.

Staff had access to ongoing training to meet the individual and diverse needs of the people they supported. This ensured staff had the appropriate skills and knowledge to carry out their role effectively.

Records showed that all people who lived at the home were assessed to identify the risks associated with poor nutrition and hydration. We saw that people's needs were monitored and advice had been sought from other health professionals where appropriate.

Good



Is the service caring?

The service was caring. All the people we spoke to expressed satisfaction with the service and felt they were well cared for. We saw meaningful interactions between people and the staff and noted that people's privacy and dignity was respected.

We saw evidence that people had been involved in deciding how they wanted their care to be given and they told us they discussed this before they moved in.

Each person had a detailed care plan, which was underpinned by a series of risk assessments and daily records. We saw evidence to demonstrate care plans had been reviewed on a regular basis. This ensured staff had up to date information about people's care needs and wishes.

Good



Is the service responsive?

The service was responsive. People's needs were assessed prior to their admission to the home. Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review and staff responded quickly when people's needs changed.

Good



Summary of findings

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way. This demonstrated the service had an open and co-ordinated approach in ensuring people received the support they needed.

People were supported to maintain relationships with friends and relatives. Family members spoken with confirmed they could visit whenever they wished and staff made them welcome in the home. We observed people participating in a range of activities during the day.

Is the service well-led?

The service was well-led. The manager had developed good working relationships with the staff team and external agencies so people received personalised care and support which met their needs.

The registered manager had a high profile within the home and was able to describe their priorities for maintaining and improving the level of service in the year ahead. This meant there was clear leadership at the home and the manager was aware of her responsibilities.

There was an appropriate internal quality audit system in place to monitor the level of care provided.

Good



Winters Park Residential Home

Detailed findings

Background to this inspection

We carried out this unannounced inspection on 5 August 2014. The inspection team consisted of the lead inspector for the service, a second inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who has used care services for older people.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. Prior to our visit we had received information from the provider which enabled us to focus on the areas of the inspection we wished to look at in detail. The last inspection was carried out in January 2014. There were no concerns identified and we found the service was meeting all standards looked at.

This report was written during the testing phase of our new approach to regulating adult social care services. After this

testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?.'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.'

We used a number of different methods to help us understand the experiences of people who lived in the home. We spoke to eight people who were living in the home, four visitors, five care staff and the registered manager. We spent time with people in the communal areas observing daily life including the care and support being delivered. As some of the people who lived in the home had dementia we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who had limited communication skills.

Is the service safe?

Our findings

During our inspection we spoke to eight people who lived in Winters Park and asked if they had any concerns about their safety. We were told, "Of course I feel safe living here and if I was worried about anything I would only have to ask any of the staff and they would talk to me". Another person said, "I feel very safe in particular in the night as there is always staff about if I need anything or am unable to sleep. If I am awake I am always asked if I would like a cup of tea".

We observed warm and meaningful interactions between the staff and people who lived in the home. We saw that people were relaxed in the company of the staff who treated people with respect and in a dignified manner.

Visitors we spoke to assured us they felt their relatives were cared for in a safe environment. One visitor said, "I feel that my mother is very safe in the home she is nearly 100 years old"

We spoke to three members of the staff team and asked how they made sure people were safe. They told us they had completed training in safeguarding vulnerable adults and understood the principles of keeping people safe. They showed a good understanding of the various forms of abuse and their own responsibility to keep those they supported safe at all times.

We noted that the service had policies in place in relation to the Mental Capacity Act [MCA] 2005 and Deprivation of Liberty Safeguards [DoLS]. The MCA and DoLS provide legal safeguards for people who may be unable to make decisions about their care. The home had robust systems in place to protect people who may be subject to a Deprivation of Liberty Safeguard. We looked at one support plan which evidenced a best interest meeting to discuss a DoLS already in place had been held. It was recorded that the DoLS would remain in place for three months after which a further review would be completed. This demonstrated a good understanding and use of the policy and procedures were in place to protect people who used the service from an unauthorised Deprivation of Liberty.

Pre-admission assessments were completed prior to an offer of accommodation. This ensured the service was able to meet the needs of people in the most appropriate way.

We looked at the care and support plans for eight people in depth and another two in less detail. All were written in a respectful way and demonstrated a clear commitment to promoting each person's independence.

The care and support plans we looked at evidenced people and their relatives, if applicable, had been involved in the assessment process. All were well laid out and were evaluated, monitored and reviewed each month.

Risk assessments were in place covering all aspects of daily living within the home. These were reviewed each month with the support plans unless there was a change to a person's needs, when they were reviewed and updated immediately. We saw in the support plans there were tools to monitor mental health needs and directions for staff to support people whose behaviour may challenge the service. This demonstrated all aspects of people's needs were recognised, understood and met in the most appropriate way.

During our visit we looked at the number of staff on duty and checked the staff rosters. We saw there were sufficient staff on each shift with a range of skills and experience. This meant people were being cared for by a staff team with the knowledge to meet the needs of people who lived there.

We found that the recruitment practice was safe and thorough. Application forms had been completed, two references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

The staff files evidenced that a Disclosure and Barring Service (DBS) check had been completed before the staff started working in the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This ensured only suitable people were employed by this service. The manager was fully aware of her accountability if a member of staff was not performing appropriately. There were suitable policies and procedures in place for managing employment issues. These included details of the disciplinary procedure and ensured that where an employee was no longer able to fulfil their duties the provider was able to deal with them fairly and within the law.

There were clear policies and procedures in place for medicines handling and storage. There were appropriate

Is the service safe?

arrangements in place in relation to the recording of medicine received into the home and kept on people's behalf. Medicines no longer required were disposed of in an appropriate and safe manner.

We observed the administration of medicines during the inspection and found this was accomplished in a safe manner. We looked at the medicines administration records and found these to be completed correctly. We checked the storage and recording of medicines liable to misuse, called controlled drugs, and this was being managed well. There were clear records of administration, checked by two members of staff and recorded in the appropriate register.

We spoke to one person who had retained control of their medication. Suitable risk assessments were in place to ensure medication was handled in a safe way. Lockable facilities had been provided in the person's own room. This had encouraged the person to retain control of their medication after moving in to the home.

The provider employed domestic staff to ensure the home was kept clean and hygienic. During the inspection we toured the building and found this to be clean and free from any unpleasant smells. We spoke to a member of the cleaning staff and asked if there was always a plentiful supply of cleaning materials. They said, "We always have a good supply of cleaning products. We never run short of anything".

We spoke to the housekeeper and she told us, "I always keep a strict eye and record on areas of the home requiring a more deep clean and when seasonal jobs such as changing curtains are due".

Staff told us they had completed training in infection control and understood their role and responsibility in keeping people free from infection. As we moved around the building we saw a plentiful supply of gloves and aprons for staff to use when providing personal care.

Is the service effective?

Our findings

During our inspection we spent time in all parts of the home and saw people were given choices about all aspects of their life in the home and how they wanted to spend their day. Some people enjoyed time in the communal areas whilst others preferred to remain in their rooms.

People we spoke to told us they were given lots of choices and the staff understood the decisions they made. One person said, "I moved in a couple of years ago as my family can visit me. I prefer to remain in my room and the staff respect my choice. I am well used to my own company".

We asked people if they thought the staff were good at their job and received positive comments. These included, "The staff are polite and caring and assist me with bathing" and "They are always doing some kind of training and I think they are very good at their job".

We asked staff if they felt well supported by the management team and they said that they did. They told us their training was up to date and the management organized training in all the subjects relevant to their role within the home. Staff supervision was on-going and all staff received an annual appraisal. This was evidenced by the records we looked at during our visit. This meant that people received effective care and support from staff who had the knowledge and skills needed to carry out their roles and responsibilities within the service. Staff development in a recognised health and social care qualification up to levels two and three was in place and all staff were fully trained appropriately to the role they held.

The registered manager told us they were supported through monthly visits from their area manager and also the quality manager. They told us this gave opportunity to discuss the running of the home and their own personal and professional development.

We spoke to one volunteer during our visit. They had previously visited the home to see a relative and they decided to come each week to spend time with people living in Winters Park. They told us they had always been made to feel needed and supported by all the staff. A student from the local senior school also visited the home to spend time talking with people. They told us they enjoyed their visits and enjoyed chatting to people who 'had a lot to offer young people'.

We reviewed the care records of six people and found information from a variety of sources including family members and health and social care professionals. Each person had an individual care plan which was underpinned with a series of risk assessments. Care plans were personalised and it was evident people's specific needs, choices and preferences had been discussed with them and their family members.

We spoke to the registered manager who told us that, at the time of our inspection, there was nobody living in the home whose behaviour may challenge the service. Staff had completed training in how to deal with such behaviour and information on the support plans detailed how staff were to deal with such incidents.

Staff had completed training in the Mental Capacity Act 2005 and understood their role in involving people with mental health needs to make decisions about their care and well-being. We spoke to two members of staff about this and one said, "We get good training that allows us to do our job properly. It is always useful and relevant". The other told us, "We have nine BUPA workbooks to go through. These are always checked by senior staff".

All the care plans we looked at contained a nutritional assessment and a weekly or monthly check on people's weight was recorded. We noted that people who were in danger of losing weight and becoming malnourished were given meals with a higher calorific value and fortified drinks. If people found it difficult to eat or swallow advice was sought from the dietician or the speech and language therapist (SALT). This information was recorded on the care plans.

We spoke to the chef and they told us they spoke to the residents and asked them what they enjoyed. They told us the home catered for special diets and they were mindful of the various food allergies people may suffer from. They told us there were four deliveries each week so there was always plenty of supplies. They had regular meetings with the registered manager to discuss any changes to the menus and people's preferences.

We observed the lunch time meal being served and saw the chef serving each meal individually so everyone was given their choice of meal. The dining rooms were well

Is the service effective?

furnished with separate tables each having individual place settings and condiments. People who needed assistance were given this discreetly and sensitively. Drinks were available for people throughout the day.

Health care needs were met through a close working relationship with visiting health care professionals. Local GPs visited on request and district nurses visited to undertake clinical tasks such as diabetic or wound care. People told us they saw their doctor when they wanted and said, "If I need the doctor the staff arrange it for me". People had access to dental care, regular chiropody and optical care.

Health care tools were used to review needs such as pressure areas and mobility falls risk assessments were in place. Updates to care plans were handwritten as soon as there was a change to people's needs and full updates were recorded at the monthly review. This meant staff were made aware of any changes to the provision of care as soon as the changes were required.

We spent time looking at the environmental standards within the service. The building was purpose built over two floors with a lift to service the upper floor. We saw there were plenty of communal areas throughout the building which allowed space for activities for people to enjoy if they wished. All rooms were for single occupations and 41 of them had en-suite facilities. We saw there were small sitting areas in different parts of the building for people to sit and chat or just sit quietly on their own. There were assisted bathing facilities on each floor and toilets not too far away from where people spent their time.

The service provided aids for people with mobility difficulties and the corridors had handrails to assist movement around the building. We checked the aids and saw they were serviced every six months through a service level agreement. This ensured people were transferred using equipment that was well maintained and fit for purpose

Is the service caring?

Our findings

During our inspection we asked people if they felt comfortable and well cared for. They told us, “I am very well cared for and the staff treat me like one of their own”, “The manager visits me in my room every morning and makes me feel very important and cared for” and “I’m well catered for here, staff are always interested in how I am and if there’s anything extra they can do for me. It’s very reassuring”.

We spoke to a total of five members of the care staff team and asked how they made sure people received the care needed to meet their individual needs. Their replies included, “We are given the time to get to know people well and understand their likes and dislikes”, “We take our lead from the manager who is always around the home spending time with people. We know our people well” and “The good thing about working here is there is always enough staff to be able to spend time with those for whom we are key workers. It allows us time to give that little bit extra”.

During the lunch time we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI helps us assess and understand whether people who use services are receiving good quality care that meets their individual needs. We noted that staff were very attentive and dealt with requests without delay. We saw that anyone needing extra help with their meal was assisted in an empathetic and discreet manner. Staff made sure people they assisted were relaxed, comfortable and enjoying their meal.

Throughout the day we observed staff interacting well with the people they supported as well as with visiting relatives. We spoke to two people who were visiting relatives and were told, “My mum has her own way of doing things and the staff listen and stick to these. She is treated with respect at all times.” Other visitors said, “There are caring staff who are well managed and all the residents are treated with respect and dignity. The carers are infinitely patient with the residents”

Other family members told us, “I have never come to see mum when she has not been in the lounge which does her good as she needs the company” and “The staff also helped to settle my mother into the home, they keep me informed of everything that is happening to mum”.

The service had policies and procedures in place outlining what was expected of staff in relation to privacy and dignity. We saw evidence to show staff had completed training in this subject. Staff we spoke to told us they were aware of the need to respect the privacy and dignity of the people they cared for. We saw them knocking on doors and waiting for an answer before they went in.

We looked in detail at six people’s care records and other associated documentation. We saw evidence people who lived at the home, and/or their family members had been involved with and were at the centre of developing the person’s care plans. This demonstrated that people were encouraged to express their views about how their care was delivered.

Arrangements were in place for people to see their visitors in private if they wished. Meetings could be in their own room or in smaller areas around the home. Visitors told us they were happy they were able to visit in private if they wished.

End of life wishes were recorded on the care and support plans and staff had completed training in this subject. The registered manager was aware of their responsibility to ensure this was discussed with people and/or their family members whichever was the most appropriate. Support from external health care professionals was accessed when required.

Appropriate documentation was in place and multi-disciplinary meetings had been held with the people and their families, if this was appropriate. The processes in place meant that people’s individual wishes about their future welfare were discussed and their best interests supported at all times.

Is the service responsive?

Our findings

Prior to moving in to Winters Park people were given information about the home and the facilities available. The service had a detailed Statement of Purpose a copy of which was available for people and their families.

Prior to moving in to Winters Park people had a full assessment of their needs in order to ensure their needs could be met in an appropriate and safe way. Family members were given opportunities to be involved in the development and review of care plans if they wished. People were allocated a named member of staff known as a key worker, which enabled staff to work on a one to one basis with people who lived at the home and their family members. This meant arrangements were in place to speak to people about what was important to them.

We saw care plans were up to date and provided staff with sufficient information about people's assessed needs. They were reviewed each month by one of the senior staff and any changes noted were discussed at the handover meeting at the change of each shift. This ensured all the staff were aware of the changes and provided the appropriate level of care.

The six care plans we looked at were well formulated and gave staff sufficient information about the needs of the people they supported. They were written in a respectful way and demonstrated a clear understanding about promoting independence. Space was provided for visiting health care professionals to write information when health care needs changed. This meant staff were kept up to date with any changes to the provision of care and support.

We saw, from the care plans, support from external agencies was accessed when necessary. Hospital visits were recorded and if necessary people were accompanied by a member of staff. Members of the mental health team were available for advice and support if the registered manager thought this would be beneficial.

Risk assessments in respect of all aspects of care were in place and updated each month during the care plan review procedure. Wherever possible people took part in the review process although some people had requested their family members were involved instead. One person told us, "I have never seen my care plan but I am not really interested as I know I could if I wanted to".

We saw there was a programme of activities for people to join in if they wanted to. Comments included, "I enjoy the activities programme in the home, there is always something going on" and "Nobody forces you to join in, it's up to personal choice".

On the day of our inspection we were able to speak to one of the visiting clergy who come to conduct services and/or provide Communion to people who wish to receive it. He told us he visited each month when possible and also chatted with people when he was in the home. We saw that about 20 people attended the service and one of whom told us "I do like a good sing".

The registered provider has policies and procedures in place to deal with complaints and we looked at these documents during our inspection. We saw where there had been any concerns raised these were dealt with immediately and away within the timescale written in the procedure.

We asked people living in Winters Park if they knew who to speak to if they were worried about anything. One person said, "I have no complaints but I see the manager at least once every day so I would speak to her".

Prior to our inspection visit we had not received any complaints about this service from members of the public or the local authority.

Is the service well-led?

Our findings

The registered manager had been in post since December 2010. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Observations of how the manager interacted with staff members and comments from staff showed us the service had a positive culture that was centred on the individual people they supported. We found the service was well managed, with clear lines of responsibility and accountability.

We spoke to members of staff about the support they received from the registered manager and they told us, “The manager always listens to you and makes time. If she has something important on, she makes sure she always gets back to you” and “I have found her very good at sorting problems out that have been brought to her attention.” Other comments from staff included, “She really does listen to staff, and she goes around every morning to check on residents, to see if they are ok. They all know her really well.”

The provider had corporate policies and procedures in place with regards to core values, privacy and dignity, a person centred approach, quality of life and the aims and objectives of the service. All policies and procedures were reviewed annually and updated in line with current legislation. Staff were expected to become familiar with any updates to the policy file.

During our inspection we saw the registered manager had a very high profile within the home. People told us, “We see the manager every day as she always delivers the newspapers” and “I see the manager every morning as she pops in my room for a quick chat”.

Meetings for people who live in the home and their relatives were held and copies of the minutes were made available for us to read. Staff meetings were also held for all staff including the senior team and the catering and domestic staff teams. The meetings gave opportunities for staff to discuss the running of the home and make suggestions for improvements. The registered manager told us, “I have a fantastic team of carers they really work hard to support people. They are always willing to make suggestions about how the home is run”.

The registered manager was aware of her responsibility to ensure all staff upheld the values of the service. She had, in the past, needed to follow the disciplinary procedure when staff fell short of what was expected of them. Any action required was completed within the legal employment framework.

Prior to the inspection visit we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We saw records of notifications submitted to the Care Quality Commission that were required by legislation.

There was a whistle blowing policy in place and staff told us they would not hesitate to report any aspect of the care and support they thought was unacceptable. The manager was aware of her responsibility to report any safeguarding issues to the local safeguarding team and the Care Quality Commission.

A series of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, skin integrity, care plans, risk assessments, accidents and the environmental standards of the building.

The provider had systems and procedures in place to monitor and assess the quality of their service. These included seeking the views of people they support through satisfaction questionnaires and care reviews. The recently completed internal quality audit showed a 96% good/excellent rating across all aspects of life in the home. Comments from the returned questionnaires included, “Despite being of advanced years my mother is always treated as an individual and shown the respect she deserves” and “I have lived in Winters Park for the past five years and have never regretted it. Good food and lots of cups of tea”.

The registered manager told us they were available for people and their relatives to raise any concerns they may have about the standard of care and support provided. Staff told us the registered manager was very approachable and would always listen to them if they had a problem about anything.

We looked at the records concerning the running of the home and found them to be up to date. We saw there were up to date electricity and gas safety certificates. We saw there was a relevant fire risk assessment and details of the

Is the service well-led?

checks on fire safety appliances. All the moving and handling equipment was maintained under annual service level agreements to ensure it remained safe and fit for purpose.

The registered manager told us they worked closely with external agencies to ensure people received the most appropriate care and support. Prior to the inspection we contacted external health and social care professionals.

They told us lines of communication were good and the staff asked for help and advice when necessary. Mental health professionals were also asked for advice regarding people with mental health needs. From the notifications received by the commission we saw that any safeguarding concerns were reported to the safeguarding team as soon as possible and dealt with accordingly.