Winslow House Limited

Winslow House

Inspection report

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Nailsworth
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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

This inspection took place on 22 March 2017 and was unannounced. Winslow House is located in the small town of Nailsworth near Stroud and is registered to accommodate up to 35 older people. There were 33 people in residence when we visited and two people were in hospital. There were no vacancies. The property is a grade two listed Victorian house which has been extended and adapted to suit the needs of people with physical and sensory disabilities. The home is accessible to those people with mobility impairments however some rooms require one or two steps to be negotiated. All private bedrooms have en-suite facilities.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

People were safe. Staff received safeguarding adults training and knew what to do if bad practice was witnessed, alleged or suspected. The registered manager was aware of the need to report events promptly to the local authority and CQC. There were safe recruitment procedures in place to ensure unsuitable staff were not employed. The appropriate steps were in place to protect people from being harmed.

Any risks to people's health and welfare were assessed and then measures put in place to either reduce or eliminate the risk. These plans were then regularly reviewed. The premises were well maintained and all maintenance checks were completed. The management of medicines was safe and people received their medicines as prescribed.

The registered manager monitored the staffing levels and based the staffing numbers on the care and support needs of each person in residence. The different shifts the care staff did ensured that the busiest times of the day were covered and people's needs could be met. People were not put at risk because staffing levels were low.

There was a programme of mandatory training all staff had to complete, enabling them to carry out their job roles. New staff had an induction training programme to complete and there was a programme of refresher training for the rest of the staff. Care staff were encouraged to complete nationally recognised qualifications in health and social care. The staff team were well supported to do their jobs.

People were encouraged to make their own choices and decisions and to remain as independent as possible. Staff asked people to consent before they provided care and support. When people lacked the capacity to make decisions, best interest decisions were made involving healthcare professionals. We found the service to be aware of the principles of the Deprivation of Liberty Safeguards. They had acted accordingly when there was a need.

People were provided with sufficient food and drink and any specific dietary requirements were catered for. Arrangements were made for people to see their GP and other healthcare professionals as and when they needed to.

Staff had a kind and caring attitude towards the people they were looking after and would recommend the home to family members. Their interactions with people were friendly and meaningful. People were able to participate in a range of different activities and external entertainers visited the home.

People were involved in making decisions about how they were looked after and agreed the way that care and support was delivered. Their care needs were regularly reviewed and the staff listened to what they had to say. People were encouraged to have a say about their daily life and how Winslow House was run.

'Resident' and relatives meetings and staff meetings enabled everyone to express their views and make suggestions about how things could be done differently. The provider had a regular programme of audits in place. Some of the checks were completed on a daily basis, others on a weekly, monthly or quarterly basis. The information collected from the audits was used to make improvements.

The registered manager linked with other health and social care agencies to ensure that best practice was followed and people received a safe and good quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service was well led. There was good leadership and management in safe which ensured a safe and quality service. There was a programme of quality assurance measures in place to ensure all standards were maintained and any actions taken where identified. Feedback from people and their families was encouraged and then acted upon.	Good

Winslow House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide an up to date rating for the service under the Care Act 2014.

The inspection was unannounced and was undertaken by one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the last inspection in October 2015 we found no breaches in regulations. The inspection history of the service evidences that the registered provider consistently meets the regulations.

Prior to the inspection we looked at information about the service including notifications and any other information received by other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

During our inspection we spoke with 14 people living in Winslow House and six relatives. We received feedback from four health and social professionals who were familiar with the service and have incorporated their feedback in to the body of the report. We spoke with the registered manager, and seven members of the staff team including care staff, catering staff, one housekeeper and the activity coordinator.

We looked at four people's care files and other records relating to their care. We looked at training records, policies and procedures, audits, quality assurance reports and minutes of meetings.

Good

Is the service safe?

Our findings

People and relatives said that Winslow House was a safe place to live because security was good and staff were always around to look after them safely. People told us, "We are safe because we are so well looked after", "I feel secure especially at night", "I am not safe to live on my own anymore. I am safe there is always somebody around to help" and "A nice place to live, they take care of me". Relatives said, "We don't have any worries or problems. She is safe because of the care and attention she gets" and "Very safe here. We chose this home very carefully".

Staff ensured people were kept safe. They were not permitted to use hoisting equipment until they had received the moving and handling training and one of the senior care staff was qualified to deliver moving and handling training and assess people's moving and handling needs.

All staff completed an on-line safeguarding training module and were expected to refresh this training on a three yearly basis. A knowledge based check was completed at the end of the module and staff had to repeat if they did not score well. The registered manager had completed level three training in the investigation and management of safeguarding with Gloucestershire County Council. They told other senior staff had also completed the level three training. Staff knew about the different types of abuse and how to report any concerns they may have about the safety and welfare of people. Staff told us they would report any concerns to the registered manager, the deputy or the registered provider. There was a safeguarding procedure in place for staff to follow.

There have been no safeguarding alerts raised by the service or other agencies during 2016, the last one being in 2015. At that time the service had worked well with the local authority investigation and had taken action to prevent the event happening again.

At previous inspections we found there were effective recruitment and selection processes in place. The registered provider was not present during the inspection therefore we were unable to access staff files. However, the registered manager was able to confirm with us, the processes followed when taking on new staff. An application was completed and a prospective employee was interviewed by two staff members, a record of the interview being recorded. Pre-employment checks were undertaken including a disclosure and barring check (a DBS) and two written references were requested. A DBS check allows employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. Following our inspection the registered provider provided a written statement outlining their recruitment procedures. The measures in place ensured unsuitable staff were not employed at the service.

Risks to people's health and welfare were assessed as part of the care planning processes and then plans put in place to either eliminate the risk or reduce the level of risk. Assessments were completed in respect of moving and handling tasks, nutrition and hydration the likelihood of falls and the possibility of pressure ulcers. Where a person needed support moving or transferring from one place to another their mobility plan detailed the equipment required and the number of care staff required to undertake any task.

For some people risk assessments had been completed in respect of specific daily living activities. One person who wanted to be responsible for their own medicines had been assessed to determine their capability and their care plan had detailed how the person was supported to be independent. Where appropriate a risk assessment had been completed for people who liked to go out independently into the local community and for those who liked to continue using the stairs independently. It was evident the service encouraged people to be as independent as possible but ensured they were safe.

The premises were well maintained which meant people were cared for in a safe environment. There were no unpleasant odours and the whole home was clean and tidy. There was a system in place for staff to report any maintenance and repairs. Records evidenced these were addressed in a timely manner. There was a programme of safety checks to complete on a daily, weekly and monthly basis in order to keep the premises safe. These included checks of the fire safety equipment, the hot and cold water temperatures and checks of equipment. Servicing and maintenance contracts were in place for all equipment. There was a fire risk assessment in place for the premises. Personal emergency evacuation plans (referred to as PEEPs) were in place. Records showed that regular fire drills were undertaken to ensure the staff team knew what to do in the event of a fire.

The registered manager and the administrator monitored the staff levels on each shift and said the number of staff on each shift was based upon people's needs. A shift leader was identified for each shift and the registered manager allocated which staff worked together and who was responsible for administering medicines. In order to cover for busier peek times, some staff started work in the mornings at 7am, others at 8am. Staff confirmed that the staffing levels were sufficient and they were able to do their jobs well. The registered manager and the deputy both worked shifts over the weekend period.

There were clear policies and procedures in place for the safe management of medicines. There were safe systems in place for the ordering, receipt, storage and disposal of all medicines. There were suitable arrangements in place for storing those medicines that need additional security. Records showed that stocks of these medicines were checked regularly and could all be accounted for. Protocols were in place for PRN or 'as required' medicines. Only senior care staff who were trained were permitted to administer medicines or to be a second-checker. People were able to retain responsibility for their medicines where this was safe and agreed by the GP. They were provided with lockable storage in their bedroom.

Good

Is the service effective?

Our findings

People told us about the care and support they received. They said, "I am independent but the staff help me if I need it", "They always ask if you want anything", "There are different levels of expertise with the staff. They say if they cannot do something but will go and get someone to help. They know their limitations" and "They do their very best to do things the way I like things done". One relative told us, "The staff do their best to cheer her up but she has depression".

Staff received training to ensure they had the necessary skills and abilities to meet people's care needs. New staff had an induction training programme to complete. The programme met the requirements of the Care Certificate for new-to-care staff. Induction and on-going mandatory training included fire awareness, moving and handling, food safety, safeguarding, infection control, supporting people with dementia and dignity and respect. Training was delivered via on-line e-learning modules, external and internal face to face training sessions. All care staff were expected to undertake health and social care qualifications. At the time of our inspection seven care staff were working towards diplomas in health and social care.

Staff supervision was shared by the registered manager, the deputy and two other senior staff. Records showed that all staff had received a regular supervision session throughout 2016 and at least one since the start of 2017. All staff also had an annual appraisal of their work performance. The registered manager and the deputy regularly worked alongside care staff to monitor their work performance.

People were encouraged to make decisions about daily activities and an assessment of their mental capacity was included as part of care planning. The provider had policies and procedures on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). MCA legislation provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make decisions for themselves. DoLS is a framework to approve the deprivation of liberty for a person when they lack the capacity to consent to care or treatment.

The registered manager was aware of DoLS legislation and told us they were on the waiting list to qualify as an MCA/DoLS trainer with Gloucestershire County Council. They told us they had previously submitted an application to the local authority for a person who needed an authorised deprivation of their liberty but this person no longer lived at Winslow House. At the time of the inspection each person was able to consent to living there in order to receive the care and support they needed.
Staff understood their responsibility to support people to make choices and decisions. We heard staff asking people for their consent before offering help. Even when a person was confused staff asked permission. This was evident at lunchtime when people were asked if they needed help. One person for example, was confused but the member of staff spent time explaining options and reassuring her.

People were provided with sufficient food and drink. Procedures were in place to ensure people, including those who have just arrived, received well balanced and nutritious meals. Detailed dietary cards were stored in a prominent position in the kitchen and gave details of the person's medical conditions such as diabetes or swallowing difficulties and any allergies. The chef was informed of any changes in people's

health or their bodyweight condition for example and the cards were updated. The kitchen staff were aware of people's likes, dislikes and preferences. This system ensured that any replacement kitchen staff would still be able to provide the correct nutrition.

People told us they were provided with the nice meals. Those with weight loss had fortified meals and were also offered a range of high calorific smoothies. Some people required thickened fluids because of swallowing difficulties and these were supplied appropriately. Others required pureed, soft or fork mash-able foods. The chef ensured there was a plentiful supply of homemade cakes on offer each day. Themed food days, including Mothering Sunday, Christmas and St Patrick's Day were a feature of Winslow House. These events were also open to relatives. People had access to drinks in communal areas and in their bedrooms. Staff encouraged people to drink throughout the day. Morning coffee and afternoon tea, with homemade cake and other snacks was served each day. Staff told us they were able to serve snacks during the night.

People were asked where they wanted to eat their meals. Some people chose to eat in their rooms whilst others had their lunch time meal in the dining area. The tables were laid up to provide a pleasant dining experience. The meals were plated up by the kitchen staff and delivered by the care staff, to people in their rooms or the dining room. The food was hot and well presented. The mealtime was a social occasion with good interaction taking place between people and the staff. People who needed help with eating were supported in a dignified, sensitive way with staff explaining the meal and asking for consent before offering the food.
People were registered with the local GP services and were seen as and when needed. The registered manager told us the GP visited regularly and reviewed their medicines at least six monthly. Community nurse visited those people with nursing care needs for example wound care and injections. One healthcare professional told us, "Our patients are very well looked after here. If we leave any care instructions they are followed". People were also supported to see foot care professionals, opticians, occupational therapists and physiotherapists. People were supported to make any necessary arrangements to attend healthcare appointments.

Good

Is the service caring?

Our findings

People and their relatives said that the care was very good at Winslow House. They also said the staff were very kind and caring. People's comments included, "Some staff have been here for a long time, very good, very helpful", "Very well looked after. Staff very good, always chat on their way round", "Good nice place to live. Nice place like the people here" and "'Could not be in a better place. Attentive, kindness itself, couldn't wish for anything better". Relatives were also very complimentary about Winslow House. They said, "All levels of staff support her eating goal. All encouraging her to eat and drink-having a cheery word. Consistent staffing during the day", "Don't have any problems about the level of care and attention she gets" They (staff) know Mum- she has been here for 2 years all like her" and "Mum has been in hospital and wants to come back here. Her room has been re-equipped and a hoist provided".

One staff member said, "We are a life-line for these people here. We make life good for them". Many of the staff had been working at Winslow house for some time. They knew people well and were able to tell us about their past lives, interests and the care and support they needed. During the inspection we noted staff having positive interactions with people. Care staff responded quickly to people's needs in a sensitive and dignified way.
The registered manager kept a register of all the complimentary letters and cards received. These contained many positive comments about the care received by a loved one. For example, "I must put on record my thanks and appreciation for the work by the staff at Winslow House. The staff are dedicated to helping her", "We have been impressed with the high standard of individual care shown to (named person)", "Thank you so much for the wonderful care…..eight years at Winslow House …. she often told us how well looked after she was" and "It was great comfort to us knowing she was content at Winslow House".

During the inspection we were told about two occasions when the staff had gone the extra mile, above and beyond their job role. One person had been supported by a member of staff to attend a family wedding who travelled with them in the taxi and then cared for them throughout the day. Another relative told us when they visited with a small grandchild, the staff had "gone out of their way" to set up a table for lunch in a private area, where other people would not be disturbed.

Outside of each bedroom there was a plaque stating that staff needed to knock before entering. We saw the staff knock on people's doors and either waited to be invited in, or if the person was not able to answer, pause for a few moments before entering. People's bedroom doors and the doors into bathrooms and toilets were closed when people were receiving care.

People were involved in making decisions about the care and support they received and developing their care plan. Their views and preferences were always taken into account. They were asked what name they preferred to be called and what things were important to them. This information was incorporated into their care plans. Things you need to know about me were recorded and this included preference for male or female carers.

The service was totally committed to continue looking after people when they had reached the end of their

life. The service was signed up to the Gold Standards Framework (GSF) for End of Life Care and the registered manager attended training sessions at the local hospice. As part of their work towards the GSF accreditation, the service ensured that advanced care planning documentation was shared with people and their families (when appropriate), and also looked at getting feedback from families after the person had passed away. One relative said, "I am very hopeful that (named person) will be able to stay here when they are nearing the end. This has been their home for a long time". The service worked with the person's GP, district nursing services and families in order to provide the care and support the person needed.

The registered manager told us about the 'memorial services' they held in Winslow House after a person had died. This enabled those people who wanted to take part, and any relatives to light candles and celebrate the person's life and to have a coffee and cake.

Good

Is the service responsive?

Our findings

People and relatives were positive about the service they received at Winslow House and felt that it met their own individual needs. They said, "I would really recommend this home as it looks after mum so well", "I get all the help I need, exactly the way I like it" and " You only have to mention something once and the staff are straight on to it, sometimes on a very trivial matter but they listen".

Those staff we spoke with were committed to ensuring that each person received the exact help they needed and were very knowledgeable about different people's likes and dislikes.

Pre-admission assessments were completed before people were admitted. This ensured the service would be able to meet the person's individual needs and any specific equipment (hoists or specialist beds) was available. One relative told us their family member was in hospital and their care needs had changed and the registered manager was ensuring everything was in place before they could return to Winslow House. Assessments covered all aspects of the person's daily life and the information was used to write the person's care plan.

The care plans were written in conjunction with the person, their relatives and other information gathered from health and social care professionals. Care plans covered the person's personal care needs, mobility, nutrition, continence, skin integrity and where appropriate, end of life care needs. The plans were well written and provided sufficient details to instruct the care staff on how the person's care and support needs were to be met. At the front of each care file there was a 'Know your resident' summary and these provided a quick overview of the person's care needs.
Care plans were reviewed on at least a monthly basis and people were involved in this process. Care plans were updated as and when needed.

A handover report was given to staff coming on shift. This ensured information was shared between the staff and any changes to people's care needs were passed on to the next shift.

Social activities were organised and overseen by the coordinator who was supported by another member of staff, a volunteer, local musicians and entertainers. A member of the care team was a qualified yoga teacher who was experienced in providing exercise sessions. There as a full programme of activities including yoga, a cinema club, craft sessions, bingo, skittles, gentle exercise and word games. People had the opportunity to have their nails done and gentle hand massage, and a hairdresser visited. Most recently a folk group, an entertainer and musician and a pianist had visited the service. People's spiritual needs were met by visiting ministers from Church of England and Catholic churches.

People made the following comments about the activities they could take part in. "I like doing the crosswords in The Mail and have carried on doing that here, my friend helps me", "I will join in with things - lots going on", "It is fun in here (member of staff) takes me out for car rides" and "I like the music events, very varied. There is a nice big room with a piano and things". Other people told us they liked painting, writing poetry and the quizzes.

There were many photographs displayed around the room showing people participating in previous activities. The coordinator produced a monthly Winslow House magazine with articles of interest, any contributions from people living in the service, photographs and records of events, for the staff team, people and their families and friends.

'Resident' meetings were held on a six monthly basis and any relatives can also attend these meetings. The notes of the last meeting held in November 2016 recorded there had been discussions around fire safety, complaints, entertainment and the meals. The registered manager had implemented a pre-meeting questionnaire, asking people to rate the quality of the meals, care, the staff and social activities.

People and relatives we spoke with said, "I have no complaints about anything", "I know how to complain but there is no reason-everything very good" and "I had one small concern about mothers clothing so I had a word with the laundry person and it hasn't happened again". Copies of the home's complaints procedure were clearly displayed. It detailed other agencies that could be contacted if any complaint needed to be escalated.

Good

Is the service well-led?

Our findings

People told us there was a good atmosphere in Winslow House and that they would see the registered manager every day and she would chat to them. They said they were asked for their opinion about the service and the management of the service was "good and responsive". People said they were kept informed of things and were listened to. Comments they made included, "I have been to resident's meetings. You can say you piece", "I was given a paper to fill in about here" and "Questionnaires, yes have filled one in very recently". One relative told us they attended resident and relative meetings when they could and another confirmed they had completed questionnaires.

When we completed the last inspection the registered manager had not been in post for long. The registered manager and deputy manager led a team of senior care staff and care staff. There were also housekeeping, catering, maintenance and administrative staff employed in order to meet people's daily living needs.

A programme of audits was in place to check on the quality and safety of the service. These included, audits of the premises, medicines, an audit of the activities arranged, infection control measures in place and of care documentation. The information gathered in these processes was used to influence any improvements. The registered manager had a 'managers action plan' and this was reviewed with the provider when they had their weekly meetings. These measures ensured all actions were addressed and the provider was aware of all issues.

The registered manager had delegated lead roles. One member of staff had taken the lead with moving and handling and was a dementia care link worker. Two members of staff had taken a lead role as dignity champions. Other lead roles included first aid, infection control, medicines management and end of life care. These measures ensured the staff team had a collective responsibility for the quality and safety of the service.

Any falls, accidents and incidents that happened were logged and analysed on a monthly basis. The registered manager used the opportunity to identify any changes they could make to prevent or reduce a reoccurrence. For one person who had had a number of falls, their care plan evidenced the actions taken to prevent further falls.

The provider had a complaints policy and this was posted in the main entrance. It was also detailed in the homes brochure, given to people or their relatives. The service had received two formal complaints in the last 12 months and the records showed how the complaints had been handled and what actions had been taken. The registered manager also kept a 'grumbles' log, again recording what action was taken. CQC had not received any complaints about this service.

Regular staff meetings were held to keep the staff team up to date with changes and developments. The registered manager of the deputy worked one shift over the weekend to provide leadership and management for the staff team. The provider was present in the home five days per week and met with

people, their relatives and the staff when required.

The registered manager was aware when notifications of events had to be submitted to CQC. A notification is information about important events that have happened in the home and which the service is required by law to tell us about.

The service was awarded the 'Care Home of the Year' in 2016 by the care home support team (Gloucestershire County Council). This was in recognition of implementing changes in practice and embedding processes following training with a particular focus on medicines management. The registered manager and other staff regularly attended training sessions with this team in order to follow best practice. Examples of sessions they had attended included managing urinary tract infections, falls management and wound care.

The registered manager also attended Gloucestershire care provider's forums. Recent learning had been in respect of social care funding and reducing hospital admissions. It was evident the provider and the registered manager were committed to following best practice and providing a safe and good quality service.