

Care Uk Community Partnerships Ltd

Winchcombe Place

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on the 16 and 17 April 2015 and was unannounced. Winchcombe Place is a purpose built care home for older people and for people who live with dementia. It is situated near the centre of Newbury and opened in April 2014. The building, grounds and furnishings have been completed to a high standard. Accommodation is divided over three floors and arranged to create a comfortable and welcoming environment. Shared areas include library, salon, cinema, coffee shop, arts and crafts room, large lounges and smaller themed lounges.

The service does not have a registered manager, but was actively recruiting to the position. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run.

An area manager within the organisation is managing the service in the short-term until a permanent manager is recruited. The service is registered to provide nursing and

Summary of findings

personal care for up to 80 people. However, as a new service the provider had placed a voluntary embargo on admissions until they had built up a permanent staff team to meet people's needs. At the time of our inspection 37 people lived in Winchcombe Place.. The manager told us that they were now in a position to lift the embargo as more permanent, experienced and trained staff were employed.

People's care plans detailed how the person wanted their needs to be met. These were being further developed to promote individualised person centred care. Risk assessments identified risks associated with personal and specific health related issues. They helped to promote people's independence whilst minimising the risk identified.

We spoke with people and their families. They spoke enthusiastically about the services provided, making reference to residents and relatives meetings and the openness and friendliness of staff. They told us that this makes people feel relaxed and comfortable. Comments included: "we came to visit the home twice and spoke with staff before mum moved in and on our second visit we picked her room; it's wonderful". "They run courses for relatives and staff on living with dementia and always call me, even with a little concern for example, if she's not eating enough". People told us they felt safe and secure and would approach staff if they were worried about their safety or about the services provided. They said they felt they would be listened to.

The recruitment and selection process helped to ensure people were supported by staff of good character. There was a sufficient amount of qualified and trained staff to meet people's needs safely. Staff knew how to report any concerns they had about the care and welfare of people to protect them from abuse.

The service had taken the necessary action to ensure they were working in a way which recognised and maintained people's rights. They understood the relevance of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS) and consent issues which related to the people in their care. The Mental Capacity Act 2005 legislation provides a legal framework that sets out how to act to support people who do not have capacity to make a specific decision. DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm.

Staff were supported to receive the training and development they needed to care for and support people's individual needs. People received good quality care. We found that the provider had an effective system to regularly assess and monitor the quality of service that people received. There were various formal methods used for assessing and improving the quality of care.

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.

Staff knew how to protect people from abuse.

People's families felt that people who use the service were safe living there.

The provider had robust emergency plans in place which staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe. Medicines were managed safely.

Good



Is the service effective?

The service was effective.

People's individual needs and preferences were met by staff who had received the training they needed to support people.

Staff met regularly with their line manager for support to identify their learning and development needs and to discuss any concerns.

People had their freedom and rights respected. Staff acted within the law and protected people when they could not make a decision independently.

People were supported to eat a healthy diet and were helped to see G.Ps and other health professionals to make sure they kept as healthy as possible.

Good



Is the service caring?

The service was caring.

Staff treated people with respect and dignity at all times and promoted their independence as much as possible.

People responded to staff in a positive manner and there was a relaxed and comfortable atmosphere in the home.

Good



Is the service responsive?

The service was responsive.

Staff knew people well and responded quickly to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished. These were being further developed by the service to become more individualised.

Activities within the home were provided for each individual and tailored to their particular needs.

There was a system to manage complaints and people were given regular opportunities to raise concerns.

Good



Summary of findings

Is the service well-led?

The service was well-led

People who use the service and staff said they found the manager open and approachable. They had confidence that they would be listened to and that action would be taken if they had a concern about the services provided.

The manager and provider had carried out formal audits to identify where improvements may be needed and acted on these to improve the services provided.

Good



Winchcombe Place

Detailed findings

Background to this inspection

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

This inspection was unannounced and took place on 16 and 17 April 2015 and was completed by one inspector. The first day of our inspection was unannounced and we focused on speaking with people who lived in the home and their visitors, speaking with staff and observing how people were cared for. The second day was announced to speak with people and examine records.

Before the inspection we looked at the provider information return (PIR) which the provider sent to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at all the information we have collected about the service. The

service had sent us notifications about injuries and of safeguarding investigations. A notification is information about important events which the service is required to tell us about by law.

During our inspection we spoke with 10 people who lived in the home and nine visitors. We spoke with staff that included the regional director, manager, deputy manager, dementia lead, two team leaders, five agency care staff, five permanent care staff, agency cook and house keeper. We also spoke with local authority social care professionals that included an Adult Safeguarding Coordinator and Care Quality Officer. We observed care and support in communal areas and used a method called Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We looked at five people's records. They included paper and electronic records that were used by staff to monitor their care. In addition we looked at five staff recruitment and training files, four agency care staff profiles, duty rosters, menus and records used to measure the quality of the services that included health and safety audits.

Is the service safe?

Our findings

People told us there were always staff around to help them if they needed support. They informed us that they do not have to wait long when they pressed their call bell for assistance. However one person said: “although staff mostly remember to give me a call bell some staff forget”. We observed the person did not have a call bell in reach to alert staff should they require assistance. We discussed this with the manager on the first day of our visit. Immediate action was taken by the manager to remind staff to ensure people were within reach of a call bell. On day two of our visit we noted that call bells were within reach for people to alert staff should they require support.

The staff roster showed that there was sufficient staff to safely meet the needs of the people who were using the service. There had been an increase of permanent staff since Winchcombe Place opened. Use of agency staff had also reduced to 28 percent whilst recruitment of permanent staff was on-going. There were two registered nurses employed, however each of the 37 people who lived in the home had been assessed as not requiring nursing care.

People who use the service and their families told us that they felt safe and that they would be listened to by the manager and staff if they had a concern. Comments from people included: "If you really don't want to do something you don't have to" and "I've been here since it opened, it's not that bad." People's relatives said: "It's a really nice atmosphere, there are regular meetings for residents and visitors and you always leave feeling good and confident that mum's safe". "I don't think (name) could be any safer; staff are very attentive and the atmosphere is very homely".

Staff had received safeguarding training. They told us that this had taught them how to recognise what constitutes abuse and how to report concerns to protect people. They told us that if they were not listened to within their organisation they would report their concerns to the local safeguarding authority or Care Quality Commission (CQC).

There have been allegations of abuse within Winchcombe Place since opening in April 2014. Concerns that related to

medication errors were reported by the provider to the local safeguarding authority and CQC. These were investigated under multiagency safeguarding procedures and were substantiated. Actions had been taken by the provider to improve. These included more robust audits and assessments of staff competence with medicine administration that promoted people's safety. At the time of this inspection there was one open safeguarding investigation.

People told us that they received their medication on time and when they needed it. We observed staff giving people their medicine and taking precautions to promote people's safety. For example, ensuring the medication trolley was not left open and unattended. The service used a monitored dosage system (MDS) to assist staff to administer people's medicines. MDS meant that the pharmacy prepared each dose of medicine and sealed it into packs. The medication administration records (MARs) were accurate and showed that people had received the correct amount of medicine at the right time.

Health and safety checks to promote the safety of the people who use the service were undertaken. Staff had received health and safety training that included first aid and moving and handling.

The provider had effective recruitment practices which helped to ensure people were supported by staff of good character. They completed Disclosure and Barring Service (DBS) checks to ensure that prospective employees did not have a criminal conviction that prevented them from working with vulnerable adults. References from previous employers had been requested and gaps in employment history were explained. Agency staff profiles were requested by the service before those staff worked in the home. This was to ensure that recruitment checks had been maintained by their employment agency and that they had the skills needed to care and support people at Winchcombe Place. The provider carried out checks to ensure people were being cared for by nurses who were registered on the Nursing and Midwifery Council (NMC) register to practise in the UK.

Is the service effective?

Our findings

The service used a tool to assess individuals who may be at risk of poor nutrition, dehydration and swallowing difficulties. Charts were used to monitor the food and fluid intake of those at risk. People identified as at risk were referred to their GP or dietitian. However, we noted that the monitoring charts were not completed accurately to inform those assessments. Staff told us that the information was written on pieces of paper and transferred to people's monitoring charts at the end of their shift. The manager told us that this was not the correct procedure promoted by the service and would reiterate this with the staff team. On the second day of our inspection we noted that food and fluid charts were being completed accurately.

Meals were provided from a main kitchen and delivered via a hot trolley to smaller kitchens' on each floor. There was information available for staff to promote food safety. For example, details of food allergies, diets specific to individuals such as diabetes or high-risk foods for people who had difficulty with swallowing. People told us they enjoyed the variety of meals provided and that there was always plenty to eat. Visitors commented on the coffee shop within the home where people and their visitors were able to enjoy drinks and snacks together. At meal times staff encouraged people with alternatives when they had a change of mind, especially those who were living with dementia. Staff knew the type of food the person would normally enjoy.

The manager told us that pre-admission needs assessments had been undertaken prior to people being offered a service. This was to determine if the service could meet the person's needs effectively. We spoke with a

person and their relative who were visiting the home at the time of our inspection. They told us that they had been on the home's waiting list following a preadmission assessment and were visiting the home for the second time.

Staff told us that they had received an induction and had attended training that was delivered by internal and external trainers. These were either classroom based or delivered electronically (e-learning). Staff told us that regular supervision and team meetings had given them the opportunity to discuss their learning objectives and to be more aware of the needs of the people who live in the home. We found that training had been developed for staff to meet health and safety, mandatory and statutory training requirements as well as receiving training to support specific individual needs, such as dementia care. For example in March 2015 staff had attended dementia awareness training with additional dates planned for those staff that were unable to attend.

People told us that staff always asked them about their care needs and how they wanted those needs to be met. The manager and staff assessed capacity, if necessary. They were aware and alert to the needs of people whose capacity may be reducing because of health issues. Staff described people whose mental health was deteriorating and knew how this could impact on their capacity to make decisions. People were asked for their consent and agreement to their overall care plans and areas of care within them. The manager and staff demonstrated their understanding of consent, mental capacity and Deprivation of Liberty Safeguards (DoLS). The manager had submitted 14 applications for DoLS to the local authority and notified CQC of decisions through statutory notifications.

Is the service caring?

Our findings

People told us that staff were "nice" and that "everyone's cheerful friendly and bright". Comments from peoples families included: "very comfortable feeling coming here" and "there's always carers about when we need something and they always have time for you"

We observed a comfortable and relaxed atmosphere as staff responded to people in a respectful manner and listened to what they had to say. Staff called people by their preferred name and also with terms of endearment that we could see were meant and taken with the utmost respect. Staff had taken time to give people the information they needed, particularly people with dementia, to ensure they were able to make an informed choice. These included choices in everyday activities such as choosing what to eat and how to spend their time.

Staff had attended training that covered dignity and respect and made reference to promoting people's privacy. We saw that staff were aware of people's needs, likes and dislikes. People told us they enjoyed living in the home and that staff respected them and made sure they had what

they needed to be comfortable. People's families told us that: "the residents are happy, they involve them, they are not just here to live" and "mum likes to stay in touch, they really do respect that".

People's care plans centred on their needs and were being further developed by the service to include more information about the person's life. This included the introduction of 'This is me', which is a tool used for people with dementia or their representative on their behalf to complete. It lets people know about the person's current and present interests, preferences, likes and dislikes and what is important to them such as significant events in their life. One of the team leaders we spoke with said: "it is so important for staff to know about the person's life to promote person centred care".

Staff had attended end of life care training. People and their families were supported through continual assessment of the person's needs. This included end of life decisions about where they want to be cared for. Their wishes were reflected in their care plans to ensure staff respected the person's dignity, privacy and choice.

Is the service responsive?

Our findings

On the first day of our visit there was a buzz of activity with laughter and banter between staff, people and their families as they prepared to celebrate the home's first anniversary. Some people asked staff to remind them what was happening and this was explained in a respectful and caring way. With the weather on their side staff told them about the planned afternoon events. This included a Falconry display and afternoon tea in the garden with relatives, friends and visitors from the local community.

People told us that they were happy with the service and that staff responded respectfully to meet their needs. However one person said: "I like the company of the television but I do like to see other people in conversation. There are arranged activities fairly frequently, but no one makes a general announcement. Sometimes I sit here with the television on not aware that something was going on".

We spoke with an activity coordinator who stated they "absolutely loved spending time with people and supporting them with their interests". The member of staff told us that they remind people about arranged activities and said: "some people don't want our company or to join activities and we respect that. We do have one-to-one sessions with people, for example if they want a manicure or to read the paper. We also support people in group activities such as art and craft and board games".

There was a full range of activities planned throughout the month and these were detailed within the 'Winchcombe Place Social Diary'. This was to ensure people and their families were informed of forthcoming events. These included for example, movie matinee within the home's

cinema, church service and communion, seated yoga, bird watching and feeding from the hobby room. There was also details about a mobile fish and chip van on a Friday; stating that fish and chips could be eaten within the home's 'coffee shop'. We saw over the course of our two day visit that the coffee shop was well used by people and their visitors. People's families told us about various events that have been held that included a mother's day event. Comments included: "I'm very impressed with the place, it is always inviting and there was wonderful Mother's Day event".

The service held meetings that people and their families were invited to that gave them an opportunity to feedback suggestions, concerns and compliments. People were also informed about the service's complaint procedure. We noted that complaints had been investigated within the timeframe stated by the provider. Comments from people and their families included: "they have residents and relatives meetings every two months. We attend these and also attend care reviews; they tell you everything they are doing. I was concerned about mums hearing, I just happened to mention this and now she's attending the hospital".

During our visit staff demonstrated their knowledge of the service's electronic system to update people's records. These included daily reports, care plans, assessments and outcomes from visits to or by external health care professionals. Personal paper files were also available for staff to easily access the information they needed to be responsive. People's care plans detailed how the person wanted their needs to be met. Risk assessments identified risks associated with personal and specific health related issues such as pressure care, eating and drinking and mental health.

Is the service well-led?

Our findings

Winchcombe Place had a registered manager until February 2015. The registered manager at the time notified us of the providers plans to ensure the service continued to be supported whilst a new manager was recruited. At the time of our visit an area manager within the organisation was overseeing the management of the service whilst recruitment of a new manager was actively taking place.

A deputy manager has been employed since the care home opened. Just prior to our visit the position of dementia lead had been filled and team leaders were appointed to join the senior staff team. This had balanced the number of senior staff needed to promote the philosophy of the home and to ensure a well-led service.

Staff told us they felt supported by the management team and stated that staff morale had improved since December 2014. They said this was due to having more permanent staff employed and a consistent approach by the management team. Staff comments included: "we are a much stronger team now as opposed to when Winchcombe Place first opened" and "agency and permanent staff work together as one team". They told us that overall the environment "is calmer for everyone".

Health and safety audits were completed by the service. Any actions taken as a result were detailed and recorded. These included infection control, fire safety and environmental health to ensure people's safety. Provider reviews by the organisations regional director had also taken place monthly. These looks at key themes relating to people who use the service, staff and records such as statutory notifications, complaints, safeguarding, investigations and disciplinary actions. Action was taken when discrepancies were noted. For example, the provider notified the Care Quality Commission (CQC) and adult safeguarding of medicine errors noted during one of there reviews. Action was taken to improve by increasing medicine audits to promote the safety of managing people's medicine.

People were given the opportunity to complete a survey in confidence to give their views of the services provided. However at the time of our inspection the outcome of the survey was not known.

People, their families and visitors told us that they are kept informed and feel they are listened to when they speak with management or staff about any concerns that they may have. A relative of a person said: "I thought a home nearer to me would have been better, but this place is amazing".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.