

IMS Care Group Limited

Winchester House

Inspection report

90 Frinton Road
Frinton-on-Sea
Essex
13 0HJ
Tel: 01255 678813
Website:

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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

The inspection took place over two days on 16 October 2015 and 21 October 2015 and was unannounced.

Winchester House provides accommodation and personal care for up to nine older people. The service does not provide nursing care. At the time of our inspection there were seven people using the service.

The service was managed on a day-to-day basis by the provider, who is also the registered manager, with the

support of an assistant manager. 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 because the management team and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support in ways that people preferred.

Summary of findings

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health and social needs were managed effectively with input from relevant health care professionals and people had sufficient food and drink that met their individual needs and preferences.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People were treated with kindness and respect by staff who knew them well.

Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the management team encouraged and supported staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account to make improvements to the service.

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

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information to support people effectively.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

There were correct processes in place to assess people's capacity to make decisions and for decisions to be made in a person's best interests.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and respected their privacy.

People were supported to maintain relationships that were important to them and relatives were involved in and consulted about their family member's care and support.

People were encouraged to be fully involved in decisions about their care.

Good



Is the service responsive?

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed.

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good



Is the service well-led?

The service was well led.

Good



Summary of findings

The service was run by a competent management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Winchester 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 a rating for the service under the Care Act 2014.

This inspection took place on 16 and 21 October 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the provider. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who used the service, three relatives and one visitor about their views of the care provided.. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the provider, the assistant manager and three members of the care staff team.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, two sets of recruitment and personnel records and quality monitoring audits. We also looked at surveys and letters of thanks from relatives and visitors.

Is the service safe?

Our findings

People told us they felt safe living at the service and relatives were confident their family member was safe. A visitor told us, “My friend is safe here.”

Staff had received training in safeguarding adults to provide them with information about what constituted abuse or poor practice. They were able to explain about how to recognise the signs of abuse and they knew how to keep people safe. They also understood their responsibilities to raise any concerns if they suspected someone was at risk of abuse or if they witnessed any poor practice. One member of staff told us they would report to the most senior person or the provider in the first instance and they also had a handbook to refer to if there was anything they were not sure about.

The provider had systems in place for assessing and managing risks. People’s care records contained risk assessments which identified any individual risk and what actions were in place to reduce the risk for the person. Staff understood areas of risk for people and were able to give examples how they provided the support to reduce the risk.

Staff understood the processes in place to keep people safe in emergency situations within the service. Staff explained the health and safety checks that were carried out, for example on fire systems, and people understood what they needed to do in these situations to keep themselves safe.

Staff had been recruited through a clear recruitment process and personnel records confirmed that relevant checks had been carried out before a member of staff was employed. Staff files were well organised and we saw that all the relevant documentation was in place including a

completed application form with a history of the person’s previous employment. Checks were carried out as to the suitability of applicants including obtaining written references and carrying out Disclosure and Barring Service (DBS) checks. A DBS check helps employers make safer recruitment decisions and prevent unsuitable applicants from working with people who require care and support.

The management team looked at the dependency needs of the people using the service and assessed the levels of staff required to provide safe care. We saw that people’s care and support needs as well as their social and emotional support needs were met by the staffing levels in place. Staff had sufficient time to talk to people and check if there was anything they needed. When a person required some support this was provided promptly.

The provider had systems in place for the safe receipt, storage, administration and recording of medicines. A relative told us that staff provided their family member with the support they needed to take their medicines safely.

Senior staff explained how they managed systems for ordering, storing and administering medicines. Staff demonstrated a clear understanding the processes in place and knew about people’s prescribed medicines, what they were for and how and when they were to be taken. Storage for all types of medicines was secure and well organised. We saw that there was daily auditing of people’s medicines and checks that the medicines administration record (MAR) sheets had been completed accurately.

When people were in pain and needed medicines on an as required basis, such as analgesics for pain relief, this was recorded on the MAR sheets. One person told us, “They help me with my tablets. They’re very good.”

Is the service effective?

Our findings

Senior staff told us how people's needs were assessed before they moved to the service. People were consulted about their needs and preferences and their relatives were also involved in the assessment process, providing background and family information. Staff were able to demonstrate a clear knowledge of people's needs and were able to give us examples of individual likes, dislikes and preferences.

Staff had the skills and knowledge to provide care and support that met people's needs. Staff told us they had received the training they needed to carry out their role effectively. A member of staff said, "Training is ongoing" and explained they had updates when they were needed and if anyone needed specific training then that was made available.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. Staff understood the processes in place to assess people's capacity to make decisions. We saw that staff had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff explained that all the people who used the service had the capacity to make day-to-day decisions and people went out as and when they wanted.

Staff told us they felt well supported and that formal supervisions and appraisals were taking place. One member of staff said that even when the management team were not at the service, "Support is always available

at the end of the phone." A member of staff told us they felt very well supported, "[Named senior member of staff] is very supportive. They are always available to talk over anything."

A senior member of staff explained how new members of staff were supported to get to know people's care and support needs and to understand their role. They said, "We have a very stable staff team but when we do get a new member of staff I do their induction." and went on to explain the induction process.

Staff told us what training they had completed and what they had learned from it. One member of staff said, "The training is mostly online but I think it is very good." Another member of staff confirmed that they had received the training they needed to do their job. We saw that they had also completed a National Vocational Qualification (NVQ) at level 2 and level 3.

We observed that staff communicated effectively with people and obtained their consent before they provided care and support.

People received food and drink that met their nutritional needs. Relatives were satisfied that their family member was provided with nutritious food that they enjoyed. They said, "The food is good. It is homely food with proper cooked vegetables. Everyone looks forward to lunch." People who lived at the service were also complimentary about the food. One person said, "I can't fault the food and there's plenty of it."

People had their meals in the dining room and we observed how people were supported during lunch. The room was well presented and comfortable; the tables were laid with fresh table covers and napkins with napkin rings. The food was also well presented and staff checked with people what they wanted to eat.

There was a menu and people knew what was available. One person told us, "I never look at the menu, I like a surprise at lunchtime. It doesn't matter what it is, it's always good." During the lunchtime meal staff were attentive and checked with people whether they were enjoying their food and whether they needed anything. We heard staff ask, "Is it seasoned enough for you or would you like some more salt and pepper?" During lunch we heard people comment, "The casserole is very nice." and "The

Is the service effective?

meat is always so tender.” People were chatting and we saw lunch was a sociable occasion. A member of staff also ate lunch with people, they joined in with conversations and offered support if required.

When people required specific support or equipment, for example to assist with needs such as a visual impairment, this was available. We saw that people were supported to be as independent as possible with minimal support. For example, staff placed cutlery where a person preferred and checked that the person was all right. Staff explained what

food was on a person’s plate and where it was positioned so that the person could eat independently and a plate surround was used to enable a person to eat more easily. We saw that staff checked people’s progress and offered support where necessary.

People’s health needs were met with input from relevant health professionals, including GPs and district nursing services. Staff had a good knowledge and understanding of people’s specific health needs and were able to explain how people were supported to maintain good health.

Is the service caring?

Our findings

People who used the service told us that staff were kind and caring. One person said, “They [staff] are very pleasant. Kind.” A visitor said, “This is the best home around. Care staff are brilliant. They are kind, caring. Top notch.”

We observed many examples of kindness and respectful interactions, for example when speaking with people staff were polite, listened patiently and gave people time to say what was on their mind. We saw that staff spoke kindly to people and chatted to them about things that interested the individual or that were important to them. Staff were aware of people’s moods and checked to find out if anything was bothering them. Staff knew how to support people if they were anxious and understood how to reassure them and reduce their concerns.

We saw that people and their relatives were consulted about their care and were involved in making decisions. People told us had input into their care plans and staff

listened to them. Staff were mindful to provide care and support discreetly and in ways that maintained people’s dignity. Relatives and visitors were also complimentary about care staff and their approach to providing care and support. A relative told us, “The staff are the strongest asset. They are attentive, kind and caring.” We saw that staff spoke respectfully to people

People told us they were treated with respect and were complimentary about staff’s attitude. We saw that people were encouraged to express their views and staff respected their decisions.

People were supported to keep in touch with families and people that were important to them. We saw numerous cards and letters from relatives and visitors complimenting the quality of care and support that their family member or friend had received. One letter of thanks from a relative stated, “I am always welcomed with cheerfulness and kindness by all the members of your staff.”

Is the service responsive?

Our findings

Relatives told us that they were happy with the standard of care and support provided by staff. A relative said, "My [family member] is well looked after." Another visitor told us, "People are very well cared for."

Relatives told us that they had provided information to contribute to the assessment process. They were satisfied that their family member's individual needs were understood and that the service could meet their needs.

Staff had a good understanding of people's background and personal history. They knew about people's interests and their preferences and used the information as a basis for conversations. Staff knew people well and were able to give us examples of people's likes and dislikes as well as their preferences about how they received care and support. One person told us, "The staff know what I like."

We saw that people's individual needs were recorded in their care plans. There was sufficient detail to provide staff with the information they needed to meet people's needs in ways that they preferred. Staff were able to explain about people's likes, dislikes and preferences. They were able to tell us about people's past such as their family history and they understood things that were important to individuals.

People were supported with their interests and hobbies and they were encouraged to continue with social activities in the local community that they had enjoyed before moving to the service. A relative told us that their family member went out to a local club every week, which they had done before they moved to the service. When they were not going out people enjoyed pastimes such as quizzes, card games and scrabble. One person said they enjoyed listening to music and to audio books. People told us they enjoyed chatting with friends and we saw throughout our visit that there was a lot of social interaction taking place.

People had opportunities to raise concerns and they were confident that staff would listen to them.

People told us that they had no complaints but would not hesitate to raise any issues. One person said, "I haven't had any cause to complain. I can talk to any of the staff, they're very approachable."

Relatives also told us that they were confident if they had any issues they could raise them with staff and action would be taken. One relative said, "We can raise concerns, but they have always been fairly minor things."

Is the service well-led?

Our findings

The day-to-day management of the service was carried out by a management team that consisted of the registered manager and senior staff. People who used the service and their relatives were satisfied about how the service was run. A visitor told us that the culture of the home was open and friendly. They said, “They are hospitable and I am always made welcome.” People commented on the open culture and said that they felt their views mattered. People were particularly positive about senior staff and said they were always available if they needed anything. They could raise any issue with the management team and senior staff and were confident they would be listened to and actions would be taken where necessary.

One established member of staff said that staff morale was good and they worked well together as a team. They told us, “It’s like one big happy family.”

The management team and staff carried out a range of checks and audits to monitor the quality of the service. We saw that health and safety checks were regularly carried out, for example on fire systems including fire alarms, maintenance of utilities such as gas and electrical systems and monitoring of infection control procedures. Water

systems were monitored for legionella and water temperatures were regularly checked. Other checks included reviewing and monitoring people’s care records and audits of medicines systems.

The management team had processes in place to seek the views of people who used the service, relatives and health or social care professionals. These included informal discussions with people as well as surveys to be distributed to relatives, visitors and health or social care professionals. There had not been a survey carried out within the six months prior to our inspection. However, we saw numerous thank you cards and letters from relatives with complimentary feedback about the service.

There were systems in place for managing records. People’s care records, including care plans and risk assessments, were well maintained and contained sufficient information to inform staff of people’s needs. Records were reviewed, assessed and updated according to changes in people’s needs. Other information about the management of the service was found to be completed to a satisfactory standard including personnel records and audits. All documents relating to people’s care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.