Mrs Denise Thompson

Wishingwell Residential Care Home

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

The inspection took place on the 15 July 2015. It was unannounced. During our last inspection of the home in June 2014, the provider was compliant with all of the regulations; however a number of improvements had been suggested. We found that the provider had taken action to address all the improvements suggested during our last visit.

The service is situated in Dringhouses, York. The service can provide personal care and support for up to four older people with dementia care needs. A day care service for a small number of people can also be provided.

The service does not have a registered manager as it is managed and run by the registered provider. A registered manager is a person who has registered with the Care

Summary of findings

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 told us they felt safe living at Wishingwell Residential Care Home and there were policies and procedures in place to help safeguard vulnerable adults which were understood by staff.

People told us that staff knew and understood their needs. The care we observed throughout our visit demonstrated a person-centred ethos.

Staff understood individual risks to people and worked with them to minimise these risks whilst also supporting them to remain as independent as possible.

All of the people living at Wishingwell Residential Care Home spoke highly of the registered provider and of staff and we observed warm, friendly relationships between people living and working at the home. It was a family environment which was very much evident throughout our visit. This sentiment was echoed by relatives we spoke with.

Recruitment systems were robust and appropriate checks were completed before people started work. There were two staff employed and people spoke positively of them.

Medication systems were generally well managed although there were some recommendations following a pharmacy visit which had not been fully implemented at the time of our visit.

People and their relatives told us that the registered provider and staff regularly went out of their way to ensure people had things which were important to them. People's likes, dislikes and personal preferences were very much catered for. They described the service as 'home from home.'

Training was provided for staff although it was recommended that training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) should be completed, as staff were not clear about the legislation which is in place for people who are unable to make decisions for themselves.

People spoke highly of the food provided and told us that they received a choice.

People expressed positive comments regarding the care they received. They told us they were treated with kindness and compassion and we saw this throughout our visit. They told us that staff respected their privacy and maintained their dignity at all times. Relatives also spoke highly of the service and the way in which people were cared for.

Each person had individual care records which focused on them as a person. People told us that social opportunities were available and said they could choose how to spend their time.

The home had not received any complaints; however, there was a complaints procedure in place and people told us that they could raise concerns if they needed to.

People unanimously told us that the service was well led. This included people living at the home, relatives and staff. They spoke highly of the registered provider and staff, and there was a strong caring ethos which was evident from both feedback and observations.

There was a number of informal quality monitoring systems to review the service. It was evident throughout our visit that people living at the home remained at the forefront of everything staff did. However the registered provider did agree to try to formalise some of these systems so that they were more able to demonstrate continual improvement. Relatives, staff and those living at the home were positive about the current systems and said that their views and opinions were sought.

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 and we found that risks were appropriately managed.

People received their medication as prescribed by their doctor although some improvements had been suggested in a recent pharmacy visit.

People spoke highly of the staff who provided care for them. Recruitment checks were completed before staff started work to ensure that they were considered safe to work with older adults.

Good

Is the service effective?
The service was effective.

Staff received induction training and development which supported them in delivering high quality care.

Although all of the people living at the home had capacity, the staff may benefit from training regarding the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People and their relatives said that their health needs were well attended to and advice from appropriate professionals was sought where necessary.

Good

Is the service caring?
The service was caring.

People and their relatives said that standards of care were high and we saw clear evidence that a person centred service was provided for people.

Staff were motivated and inspired to offer care which was compassionate and person-centred. People told us that they were treated with dignity and respect and this was observed throughout our visit.

Good

Is the service responsive?
The service was responsive to people's needs.

People had detailed care records in place and the staff delivered individualised care for people.

People were involved in a range of activities and had good links with the local community.

Although no complaints had been received, people were encouraged to give their views and opinions and to raise suggestions.

Good

Is the service well-led?
The service was well led.

The registered provider and staff provided a person centred service which was tailored towards meeting the individual needs of people living at the home. .

There were informal systems in place to seek the views of people and to review service delivery.

Good

Wishingwell Residential Care Home

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.

The inspection took place on the 15 July 2015 and was unannounced. The inspection was carried out by two inspectors.

Prior to our visit we looked at information we held about the service which included notifications. We did not ask for a provider information return (PIR) for this inspection. 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 as the inspection date had been bought forward.

We talked in detail to three of the four people living at the home and two relatives. We also spoke with the registered provider and two staff. We carried out a tour of the home and observed practice throughout our visit.

We looked at two people's care records, two staff recruitment and training files and a selection of records used to monitor service quality.

We sought feedback from the local authority safeguarding and commissioning team at City of York Council who did not raise any concerns regarding the service.

Good

Is the service safe?

Our findings

We spoke to three of the four people living at Wishingwell Residential Care Home. All confirmed that they felt safe; comments included; "I feel safe here, if you have any bother you can go to them", "A nice lot here that look after us" and "I think it's safer than being on your own."

Although there had not been any safeguarding incidents at the home, the service had policies in place for abuse and whistleblowing which staff understood. We spoke with staff about their understanding of safeguarding vulnerable adults. They told us how they would refer any safeguarding concerns to the manager of the home. We saw that staff files held information which confirmed one of the two staff that worked at the home had attended training on the safeguarding of vulnerable people. The other member of staff was new to the home and said that they understood that training was being arranged for them.

We looked at the care records of two people living at the home. These had up to date details of risk assessments which helped the person to live their life safely; these included bathing, eye sight and mobility. When we spoke with staff they understood how to support people with these needs. We saw one document that indicated the person was at risk of harming themselves during the night; there was no evidence of how this risk had been assessed and reduced. We shared this with the registered provider during the visit and were told the person was now receiving medicines to reduce distress and the environment has been tailored to reduce the risk. There was evidence the person had recently had a full medication review by their GP practice; the registered provider agreed to update the records.

There had been no accidents or incidents at the home since our last visit and staff could be called upon if there were an emergency.

The registered provider and staff confirmed that the ethos of the home was about promoting independence and enabling and supporting people to take risks whilst still maintaining their safety. The registered provider told us that people living with dementia should not have to adapt or change but that staff should do so. The focus was very much on the person and not on the person's diagnosis of dementia.

There was a recruitment process in place which included undertaking checks to ensure staff were suitable to work with older people. Evidence of recruitment checks were recorded in staff personal files. This included two references and Disclosure and Barring Service checks (DBS) which recorded if the person held a criminal conviction that would prevent them from working with vulnerable people. This meant people were supported by people who were recruited safely.

The home is run by the registered provider and her husband and they employ two staff who worked between the hours of 8:30 am and 5:30 pm. The three people accommodated lived as part of the registered providers family. Therefore when staff were not on duty the registered provider cared for the people living at Wishingwell Residential Care Home.

We spoke with a relative about the staff. They spoke positively of them and said, "They are top bananas."

The home had a Monitored Dosage System (MDS) in place to support people with their medication needs. There was a medication policy in place that provided information for staff on how to handle medicines within the home. People told us about the support they received with their medicines. They said, "I take my own tablets but if I need help there is enough staff" and "I have one tablet in a morning, it seems ok them giving me my tablets, I don't mind." Where people were able to manage their own medication, risk assessments were in place.

We saw people had individual medication records for when medicines had been administered which included staff signatures. However, we saw one person's paracetamol medication did not indicate "as and when required" (PRN), which was how the medication was being administered Instructions for administration had been hand written on the Medication Administration Record (MAR) without the signature/s of the person completing and checking the record. The balance of this medication was not being carried forward with each MAR which meant there was no system of checking the amounts held were correct.

A pharmacy audit had recently been completed which indicated recommendations for the home to implement. These included; receipt of medicines, quantity of medicines and the initials of the person receiving the medication should be recorded on each person's MAR. They also recommended that all stock should be carried

Good

Is the service safe?

forward on the MAR for all medicines. The registered provider confirmed that she had recently received the pharmacy report and was going to implement all of the recommendations. We checked some of the medication held within the home with the recorded amounts and found these to be correct. Medication was stored safely.

The registered provider and staff member who gave out medication at the home had received training in the safe handling of medicines. This helped to ensure they were following best practice guidelines and that their knowledge and skills were kept up to date.

The service kept the premises, services and equipment well maintained. We saw that regular checks were completed on the environment. These included checks on emergency lighting, fire extinguishers, fire alarm system and gas safety equipment. These checks helped to ensure the safety of people who used the service.

The home was clean, well maintained and free from odour. We were shown around the building and saw that both communal and individual rooms were well maintained. We did note some carpets may require replacement in people's bedrooms. Staff understood their roles and responsibilities for maintaining high standards of cleanliness and hygiene.

Good

Is the service effective?

Our findings

All staff received induction, training, supervision and support to help them carry out their roles effectively. Since our last visit the registered provider had supported staff in carrying out a range of training courses. We asked staff what training they had received. One told us, "Dementia, medicines, mental health, safeguarding and infection control." A new member of staff told us that they were not allowed to carry out personal care as they were a new starter and required training.

Staff told us they were well supported. One commented "Anytime I can go to the provider."

The registered provider said that new staff would be completing the care certificate as part of their induction. This was confirmed to us by the new member of staff. We asked staff about supervision, they told us that this was informal but that they discussed practice issues and training needs on a regular basis. The registered provider agreed that these systems needed to be recorded.

People were always asked to give their consent to care and treatment. The registered provider told us that, regardless of people's dementia, they would look for ways to involve people in the decision making process. A member of staff said, "We just sit and talk to people, if they don't want to do something they won't. We always give people a choice." Another staff member said, "When taking someone to the toilet, you would always ask them first. If someone was in need of changing and was refusing then we would encourage them, talk to them and explain the consequences in a gentle manner."

We asked what staff would do if a person was refusing health decisions. They told us that they would speak to the family and to the manager. The manager had accessed information about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The MCA legislation is designed to ensure that when an individual does not have capacity, any decisions are made in the person's best interests. When asked, staff were not clear what 'Best interest' decisions were although they did give examples of involving others when making a decision on a person's behalf. The registered provider agreed to access training in this area for staff.

Everyone said that they enjoyed their meals. People ate together and received a varied and appetising diet. One person said, "If I want a salad I just ask for what I want." Another person said, "The meals are lovely." People were involved in discussions about menus and their likes, dislikes and personal preferences were taken into account. A member of staff said, "They get fabulous meals." We observed people having their lunch during our visit. Meals looked and smelt appetising. There was a record of what people had eaten which was completed each day.

We saw that people's weight were monitored and action taken where any concerns had been identified. This meant that any problems were identified quickly and support accessed from the relevant professionals for example the GP or dietician where needed.

We saw that people's health needs were monitored and referrals made to relevant professionals as needed. This included access to speech and language therapists and physiotherapy. People's health needs were well documented within their care records. Staff at the home were proactive in monitoring and responding to people's health. They had supported people with continence so that they no longer needed continence aids. A relative said, "If there are any changes in Mums health, they are straight on the phone and they involve the relevant professionals."

People had access to both the home and the gardens. They told us that they enjoyed having their meals outside. There was a large patio area for people to sit and another was being built so that both sides of the garden could be used.

Good

Is the service caring?

Our findings

People told us they were well cared for and liked living at Wishingwell Residential Care Home. Comments included: "It's all nice, I'm one of the family" and "They are all (the staff) very nice and very kind, it's lovely." A relative said, "It is a small, cosy, home from home. Mum is happy and well cared for." Comments from people included; "I get my meals and my bed made, they are not too pushy" and "It's warm loving and safe." Everyone told us that they were treated with dignity and respect and we saw numerous examples of this during our visit. For example, we observed staff knocking on doors before entering people's rooms, speaking respectfully to people and prompting people in a respectful manner in relation to their personal care needs.

Staff were highly motivated and keen to offer care which was kind, compassionate and respectful.

We observed people being cared for by staff who were kind and respectful throughout our visit. They clearly knew the people they cared for and understood their individual preferences.

Staff said; "The residents are number one" and a staff member said "People are extremely well cared for. I would be happy for my parents to live here." Another commented, "We genuinely care, you can't force that, the residents are so well looked after."

The service had a strong visible person centred culture which was evident from discussions with the registered provider and staff, and from observations made during our visit. The ethos of the home was very much focused on individualised person centred care. The registered provider said "People living with dementia do not have abnormal behaviours; it's everyone else who needs to accept them as normal."

We saw from care records that people's emotional well-being was considered along with their physical needs. Information relating to peoples life history was available and we saw examples where the home had implemented activities based on people's previous likes and dislikes. For example, one individual had enjoyed sewing and drawing and the staff had gone out and purchased items so that these interests could be continued.

People were encouraged to be involved in decision making in all aspects of daily life. Staff told us that they tried to offer structure to people's day, for example, breakfast was usually served between 8:30 and 8:45 am. However staff said that if someone wanted to remain in bed then this would be respected. Staff gave other examples of how they offered choices. They told us they gave people visual choices so they could choose their own clothes. They told us people could have a bath or shower daily. We saw examples throughout the day of people choosing where to spend their time or choosing what they wanted to do.

We had long discussions regarding innovative approaches to dementia care and best practice research which was available. The staff had already trialled and implemented a number of different approaches and focused very much on a model of person centred care. They had implemented a number of environmental changes to benefit people living at the home.

People valued their relationships with staff members and people received consistent care and support which they said met their needs.

Good

Is the service responsive?

Our findings

People told us that staff listened to them; one person said, "Its home from home here."

The registered provider and staff were responsive to the needs of people living at Wishingwell Residential Care Home. We were given numerous examples where the home had responded to people's health needs by seeking advice and support. For example, one individual had had a stroke; the home had worked closely with the physiotherapy and speech and language therapy teams which had led to improvements in health. Others had been supported to improve their continence. They had good links with their GP and sought advice and support as needed. This was clearly recorded in people's care records.

People had their needs assessed prior to moving into the home to check that it was the right place for them to live and staff were able to tell us how they met people's individual assessed needs. The approach at the home was to offer person-centred care to people. The home was run in a way which focused very much on people's individual needs and preferences and people and/or their relatives were involved in discussions about their care and or treatment.

Each person living at the home had a detailed care plan in place, which recorded how they wanted to be cared for. People signed their agreement to these records. Care records were person centred and focused on the individual's preferences. Care plans included information regarding people's health needs, their social needs and their emotional needs. These records were reviewed and updated as people's needs changed.

When asked how the staff provided a service which responded to people's needs, the registered provider said, "We consult with people all the time. We focus on the detail, talk and discuss their individual needs." The registered provider said that the service was constantly evolving and adapting to meet the needs of people living there.

We asked staff how they kept up to date with any changes to people's needs. They said, "On a daily basis, talking to each other, we discuss things first thing on a morning." The registered provider and staff were all very clear that the service was run in a way that put people using the service at the forefront. They said the service was tailored to meet people's needs and if that meant changing and adapting things to suit people, this would be done.

People were able to have visits from their families and friends. There were good links with the local community and people were supported to follow their own interests and social activities. The registered provider had a caravan which people had used to go on holiday. One person said, "I went away, it was lovely." We spoke with a relative who said, "Me and my brother visit at least 3 times a week. Previously Mum was missing out socially, she isn't now,"

People told us that they could join in social activities and that they went on trips out. They were able to have family and friends come and visit them. Those living at the home enjoyed spending time with the day care visitors and we saw people chatting and interacting throughout our visit. We also observed people reading the paper and singing songs. Everyone spoke positively about the social opportunities available.

The registered provider had a complaints procedure which was displayed in the home. A copy was also given to relatives. The registered provider told us they had not received any complaints as minor issues were dealt with as they arose. All of the people we spoke with confirmed that they did not have any complaints but said that they would feel confident in raising any issues with the staff or registered provider.

The registered provider said that people's relatives tended to drop in and that they would 'catch up' then. She said this was a way of finding out about any concerns or niggles. The registered provider told us that these informal systems were more effective than formal systems such as meetings or surveys although surveys had been carried out previously.

We spoke with a relative who said that they could raise any issues with the manager and staff. They also told us they could put comments in the comments book which was available at the home. They said that they had never needed to make a complaint but could ring the home if they had any problems.

Good

Is the service well-led?

Our findings

People told us that the home was well run. One person said, "I think they run a good home" and another person said, "We talk a lot." We spoke with a relative who told us that the home was well managed and run. Another relative said, "I think they are outstanding, the service is wonderful and they are all brilliant with Mum. It's a very intimate service, like a family."

The home was managed by the registered provider who had day to day responsibility and oversight. The registered provider was supported by two staff. The home was very relaxed and people were living as part of a family. The ethos was very much about the people who lived there and tailoring the service to meet their needs. A staff member, when asked what the focus and ethos of the home was, responded, "The residents (and day care residents) are number one." Another staff member said, "It is very much led for the residents which is how it should be."

The staff spoke very highly of the registered provider stating, "X is a great boss." Both staff said how approachable she was. They told us that they spent time every morning discussing any new information. We were told, "The residents receive the best care and they build relationships, because of the size of the home they get 100% care."

The registered provider told us that they had updated their policies and procedures since our last inspection and we saw evidence of this during our visit. These helped to guide staff when carrying out their roles. Records were generally well written and they were stored safely to protect people's personal information. Although we did see some examples where changes had been made and had not been recorded within people's care records.

The service kept up to date with new research, guidance and developments and they used this information to drive improvements. For example, the registered provider spent a lot of time looking up information on the internet. This was then printed off and discussed with staff. They had implemented a lot of environmental changes based on this guidance.

There was some evidence of audits and quality monitoring systems used to review the service. However generally systems were very informal. Time was spent chatting to people over coffee or over lunch and this was confirmed by people living there. The manager told us she was going to try to implement more formal monitoring systems.

We saw a quality survey dated June 2015 and a privacy and dignity survey dated May 2014. These had been completed by people living at the home. Both staff and people living at the home said that they could raise issues, talk to staff or the registered provider and said that people's views and opinions were sought. We spoke to a relative who said, "I get asked for my views, they produce a form every year, but I can pick up the phone anytime. We have become friends."

We asked if meetings were held for people living at the home and for staff. We were told that they did have informal meetings but that minutes were not taken. One person said "We have a general chit chat over tea", they also said "x is a grand lady." We spoke with the registered provider about being able to evidence that people's views and opinions were being sought. The registered provider agreed that she may need to look at ways of recording these meetings so that she could demonstrate improvements were being made.

We asked staff if they could think of any improvements. Comments included "No, I am really happy here. I think everyone is happy. Denise is a great boss" and "Honestly, no, I think that I am really lucky to work here. We have a good team."

The registered provider worked well with partner agencies including the local authority and safeguarding teams. Notifications were submitted to the Care Quality Commission where required.