The Abbeyfield (Maidenhead) Society Limited

Winton House

Inspection report

51 Dedworth Road
Windsor
Berkshire
SL4 5AZ

Tel: 01753856466

Date of inspection visit:
13 July 2018
16 July 2018

Date of publication:
23 August 2018

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

Winton House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. We regulate both the premises and the care provided, and both were looked at during this inspection.

Winton House can accommodate up to 36 people across two floors, each of which has separate adapted facilities. The service provides care to older adults. People live in their own bedrooms and have access to communal facilities such as bathrooms, lounges, activities areas and garden access. Two of the bedrooms is reserved for respite. Winton House can offer day care facilities for non-residents by arrangement. At the time of our visit there were 33 people using the service.

The provider is required to have a registered manager as part of their conditions of registration. 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. At the time of our inspection, there was a registered manager in post.

The service was previously inspected on 31 October and 1 November 2016. The provider was rated 'Good' in the key questions 'Caring' and 'Responsive'. However, we found breaches in the regulations relating to staffing, fit and proper persons employed and good governance. We asked the provider to take action to make improvements in the key questions of 'Safe', 'Effective' and 'Well-led. This was because staff were not appropriately trained to carry out their job roles; recruitment practices were not robust and quality assurance systems did not identify where quality was being compromised. We asked the provider to send us an action plan to show the what improvements would be made, by 28 March 2016. The provider submitted the action plan by the specified date.

We found the service had made the required improvements to address the concerns found at our previous visit on 31 October and 1 November 2016.

People said staff treated them with kindness and compassion. Comments included, "Extremely good staff, friendly, happy, always smiling and polite" and "They are mostly kind, considerate and available if you need assistance."

People told us staff made sure those close to them felt like they mattered. Staff knew people's care needs, preferences, personal histories and backgrounds. People said staff protected their privacy and their dignity was respected. Training records confirmed staff had attended the relevant training. People were supported to be independent. Information about people were kept secure.

People felt safe living at the service. Comments included, "No issues at all. If I had a concern I would speak to a member of staff, all lovely people" and "Yes, I feel quite safe."

Staff were aware of their responsibilities to safeguard people from abuse. Safe recruitment practices were in place and the service followed national and local safeguarding guidance. There were sufficient staff to care for people. Risks to people's safety were assessed and medicines were administered safely.

We have made a recommendation in relation to medicine errors.

People received care from staff who were appropriately trained to effectively carry out their job roles. People were supported to have maximum choice and control of their lives. The service acted in accordance with the Mental Capacity Act (2005). People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

The service did not consistently carry out reviews of care. People said they were involved in the planning of their care. Staff demonstrated a good understanding of how to deliver person-centred care. The service was compliant with accessible information standard. People had the opportunity to participate in a wide variety of activities and were aware of how to raise concerns.

We have made a recommendation in relation to reviews of care.

People and staff were complementary about the management of the service. A new management structure had been in place three months before our visit. An overhaul of quality assurance systems was in progress. We saw improvements had been made to ensure the quality of the service did not compromise people's safety. We found quality assurance systems were assessed in line with current legislation. Care records clearly documented discussions held with people's relatives. The service sought the views of people and responded appropriately to feedback received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at the service and staff knew how to protect them from abuse.

Safe recruitment practices were in place.

There were sufficient staff, risks to people's safety were assessed and medicines were administered safely.

Is the service effective?

Good

The service was effective.

People received care from staff who were appropriately trained to effectively carry out their job roles.

The service acted in accordance with the Mental Capacity Act (2005).

People's nutritional needs were met and they were supported to maintain good health and receive ongoing healthcare support.

Is the service caring?

Good

The service was caring.

People said staff treated them with kindness and compassion and made sure those close to them mattered.

Staff knew people's care needs, preferences, personal histories and backgrounds.

People said staff protected their privacy and their dignity was respected.

Is the service responsive?

Good

The service was responsive.

The service did not consistently carry out reviews of care.

People said they were involved in the planning of their care.

Staff knew how to deliver person-centred care.

People's social needs were met and they were aware of how to raise concerns.

Is the service well-led?

Good

The service was well-led.

People and staff were complementary about the management of the service.

Improvements had been made to ensure the quality of the service did not compromise people's safety.

Care records clearly documented discussions held with people's relatives.

The service sought the views of people and responded appropriately to feedback received.

Winton 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 checked 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 carried out on 13 and 16 July 2018. It was unannounced which meant the service were not aware we would be visiting. The inspection team consisted of one 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.

Before the inspection we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. The provider completed a Provider Information Return (PIR). The information in this form enables us to ensure we address potential areas of concern and any good practice.

We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to other people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with five people; a domestic worker; two care staff; a maintenance worker; the activity co-ordinator; the deputy manager; registered manager and the general manager. We looked at four care records, four staff records and records relating to management of the service and observed care practice and the environment.

Good

Is the service safe?

Our findings

At our previous visit on 31 October and 1 November 2016, we found the service's safeguarding policy had not been updated. We recommended the service seek current guidance in relation to following national and local safeguarding arrangements. During this visit we found this recommendation had been followed. The safeguarding policy was up to date and the registered manager informed us that staff now had access to the 'Berkshire Safeguarding Adults Policy and Procedures'.

At our previous visit on 31 October and 1 November 2016, we found safe recruitment practices and best practice in to recruitment were not followed. During this visit, a new management structure had been in place for three months before our inspection. Work was in progress to ensure all recruitment procedures was in line with legislation. We saw this had started in the staff files viewed.

People felt safe living at the service and knew what to do if they felt unsafe. Comments included, "Utterly safe and well cared for. I haven't ever had anything go missing, no aggression. The only thing I'm concerned about is what happens if there is a fire. There should be a drill or at least a procedure (fire evacuation procedures were clearly displayed in communal areas)", "Oh yes! There is no aggression. Just one carer can be quite abrupt (the person told us this had been addressed), mostly they (staff) are very kind. If I had a concern I would speak to the carer I have most to do with, she won't stand any nonsense", "No issues at all. If I had a concern I would speak to a member of staff, all lovely people" and "Yes, I feel quite safe."

Procedures were in place to make sure people were protected from harassment, discrimination and breaches of dignity and respect. A staff member commented, "Two months ago I attended training which looked at discrimination. It helped me to make sure I treat residents right."

Staff were aware of their individual responsibilities to prevent, identify and report abuse. Staff files showed they had received safeguarding training that was relevant and suitable for their job roles.

Arrangements were in place to manage risks appropriately and people told us they were involved in risk-taking decisions. Comments included, "I've had a couple of falls and damaged both shoulders. I am yet to see a consultant about pain control. I manage my moving around with the help of a stick. They (staff) are pretty good and will take time to walk behind me when I want to go outside" and "I am prone to falls and have had a stroke. I am able to get around with a stick but need something more stabilising if I walk a distance."

People told us risks with their care and support were managed positively. Care records contained risk assessments that covered the health, safety and welfare of people who used the service. We saw control measures were put in place to make sure there was a balance between people's needs and safety risks with their rights and preferences. These were regularly reviewed.

Various checks were undertaken by the maintenance team to make sure the premises, communal areas and personal spaces (such as people's bedrooms) kept people safe. This included amongst others, legionella

checks, portable appliance tests (PAT), servicing of equipment and regular testing of fire safety equipment. We noted these were up to date. The service had a fire evacuation plan and procedure. Fire drills were carried out to ensure people could safely exit the building in the event of an emergency.

People felt there were enough staff that met their care and support needs. Comments included, "They (staff) are all very familiar to me. The staff have good language skills", "I know most of the staff. They meet my needs and are pretty good", and "All regular staff. Very much so (meets care needs), they help me dressing, bathing and help me into the dining room."

There were sufficient staff numbers of suitable staff to support people to stay safe and meet their care and support needs. Staff comments included, "Yes, we can manage. We don't have many people who require two carers" and "I work 48 hours a week. I chose to do this. I believe there's enough staff." The staff member went on to describe the numbers of staff on duty and how they worked well together when additional cover was required. The staff roster showed shifts were appropriately covered. We noted the service regularly assessed people's dependency needs to ensure sufficient staff were available to meet their care and support needs.

People felt happy with the support received regarding medicines and said they had no concerns.

Management told us only senior care workers could administer medicines. We spoke with a senior care worker who demonstrated a good understanding of their role and responsibility in relation to supporting people with their medicines. This covered the administration, storing, handling, recording and reporting any concerns with medicines. They commented, "If I have any concerns I would report it to the manager and the GP." An updated medicine policy was in place and records showed staff had received relevant and up to date medicine training and their competency to administer medicines were regularly assessed.

A system was in place to record medicine errors. We looked at the 'medicines error log'. This documented the date the error happened and the circumstances of the error and who it had affected. We noted there had been a few medicine errors at the beginning of the year that related only to incorrect counting of stock, which had been rectified immediately by staff who found the errors. There was no clear audit trail of what action had been taken to address this. We brought this to the attention of the registered manager who acknowledge our feedback and stated they would make sure a robust system for medicine errors was put in place.

We recommend the service seek current guidance and best practice in relation to medicine errors.

People spoke positively about the cleanliness of the premises. Comments included, "It's very clean. I find it incredible that laundry can be picked up during the day and returned the same day. How do they do that?", "The home is kept very clean. Yes, I've seen them (staff) wash their hands or use gel" and "They (staff) are extremely good. They are always washing hands."

People were protected by the prevention and control of infection. What people told us was confirmed by our observations of the premises. Hand gel dispensers were located throughout the building and there was clear signage at the entrance of the kitchen reminding staff of good hygiene practice. We spoke to a domestic worker who told us, "(name of supervisor) ensures I am following infection control. I make sure chemicals are not left unattended and I wear gloves and change them in between rooms. I am up to date with my training and feel adequately supported. I do enjoy my job." A view of the staff member's training record confirmed they had received up to date training relevant to their role.

Good

Is the service effective?

Our findings

At our previous visit on 31 October and 1 November 2016, we found people were cared for by staff who were not appropriately trained. During this visit, we found the registered manager had taken pro-active steps to ensure all staff had received training that was essential to their roles. These covered topics such as Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS), safeguarding adults, infection control, food safety and fire training. This was confirmed by our view of the staff training matrix which showed staff training were up to date.

At our previous visit on 31 October and 1 November 2016, we found the service did not have documents to show whether relatives or representatives had legal powers of attorney (LPA) to act on behalf of people, who did not have capacity to make specific decisions. During this visit, we saw the provider had made every effort to get relatives and people's representatives to provide them with copies of the relevant LPAs. We saw correspondence that had been written to families and clear signage displayed in the reception area, asking families and representatives to provide the home with copies of the relevant LPAs. The manager informed us that everyone who currently lived in the home had capacity to make their own decisions. However, they were aware of how to conduct and document 'best interest' meetings if this was required, in the absence of LPAs.

People were cared for by staff who felt appropriately supported. The registered manager told us they had spent the last three months getting to know the staff team and a structured plan of supervisions (one to one meetings) was to commence shortly. A notice reminding staff of upcoming supervision dates was clearly visible in the staff office. The registered manager stated that part of senior care workers role was to supervise care workers and to ensure they were effectively equipped to do this, all senior care staff were required to attend leadership training. On the second day of our visit, we saw senior care workers had attended the service to participate in this training.

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. At the time of our visit all the people who used the service had capacity to make their own decisions in all aspects of care. However, staff demonstrated a good understanding of the MCA and how they would apply it to their work practice.

People can only be deprived of their liberty so that they can 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 and whether any conditions on authorisations to deprive a person of their liberty were being met. We found no one living at the service at the time our visit was not subject to a DoLS.

Care records showed people had given written and verbal consent to various aspects of care.

People were supported to eat and drink and to maintain a balanced diet. They told us they liked the food and could make choices about what they wanted to eat. Comments included, "I choose to have the main meal at lunch time and soup and pudding in the evening. Hot drinks I can have when I want, like now I have put out my Bovril cube", "The food is good and you can have a hot drink anytime you want" and "I am not a meat lover, so if it is beef they will give me something else." An observation of the lunch period showed people had lunch in a relaxed environment and ate their lunch at their own pace. The food on offer was nutritious and served hot. We saw there was sufficient staff available to provide support to people if they required it. Several members of staff sat amongst people so that they could socialise and eat together. Staff were heard checking to see if people were happy with their meals and offered to bring alternative meals for people who wanted it. Care records viewed captured people's allergies, dietary needs and food preferences. A relative commented, "They (staff) know he doesn't drink tea but coffee. This showed people's nutritional and hydration needs were met.

Daily handover meetings enabled staff to share and communicate information relating to people's care and support needs. This made sure the care people received was consistent, timely and co-ordinated.

People said they were supported to maintain good health and staff helped them to understand any information and explanation regarding their health. Comments included, "They (staff) will keep me informed and help me when needed. They come in at night to help me go to the toilet" and "They (staff) will help with my compression socks, help me shower and cream my legs. They explain anything I'm not sure of."

Care records showed people had access to healthcare services. GP visits were undertaken regularly and other health professionals such as, dentists, district nurses and opticians regularly visited.

The environment was calm and relaxed. The home was designed to enable people who had physical disabilities to access all areas of the building. This included access to the garden areas which were easily accessible, safe and secure.

Good

Is the service caring?

Our findings

People described the ways staff treated them with kindness and compassion. Comments included, "Extremely good staff, friendly, happy, always smiling and polite", "They are mostly kind, considerate and available if you need assistance", "They (staff) always ask how I am and if there is anything I need" and "They (staff) are quite compassionate but a bit hasty at times that's understandable. Some people need more help."

People told us staff made sure those close to them felt like they mattered. Comments included, "Visitors are made welcome although it would be nice if they offered them a biscuit if they bring tea", "They (staff) just do (make those close to them feel like they mattered)", "Yes, (staff) always very nice, pleasant and friendly" and "Visitors are able to come and go as they please."

We observed the interaction between staff and people they cared for. We heard jovial conversations between them and people appeared be relaxed and comfortable in their presence. Staff were pleasant and helpful. We observed family and friends visiting throughout the day without any restrictions.

Staff knew the people they cared for and spoke confidently about their care needs, preferences, personal histories and backgrounds. A staff member told us how they supported a person who received some bad news. "I offered to make her some coffee and I made her day by taking her out for a walk in the park." This was later confirmed by management and what was documented in the person's care record.

People said their privacy and dignity was protected when staff carried out intimate care. Comments included, "My privacy has always been respected. They (staff) will knock before coming into my room", "Privacy is good. I am able to shower and dress myself. They (staff) do knock before coming into my room", "Very good (staff), very discreet. I feel very comfortable with them" and "They (staff) will knock before coming in. I don't have personal care but they never barge in."

Staff were aware and their training records confirmed they had attended the relevant training to ensure people were treated with respect and dignity during personal and physical care.

People said they were supported to be as independent as they wanted to be. Comments included, "Totally, I like to be left to my own devices and not harassed. They (staff) appreciate this and understand", "I am completely independent. I choose to stay here", "I can (be independent) and don't feel that my independence has been taken away" and "I can manage most things for myself. I don't need much support."

Care records documented what people were able to do independently and how staff should support those were more dependent.

Information about people was treated confidentially and in a way that complied with the General Data Protection Regulation 2016 (GDPR). Care records were kept securely and information on computers were password protected. The staff noticeboard showed staff signed to confirm they had read and understood

the service's GDPR policy. A staff member commented, "If's it's confidential, we never talk to people in communal or open spaces."

Good

Is the service responsive?

Our findings

People said they were involved in the planning of care. Comments included, "Yes, along with my family. I am always encouraged to get involved" and "Yes" (involved in the planning of care).

Initial assessments where possible, involved people and their family members. These documented people's immediate and longer-term needs. This included amongst others, their health, personal care, emotional, social, cultural, religious and spiritual needs. We noted people's needs were only assessed by staff who had the required level of skills and knowledge for that task.

People told us the care and support received was specific to their needs and staff always responded promptly. Comments included, "When I am having difficulty (in pain) they (staff) will increase my pain medication" and "If I do need help they are always quick to respond."

Information from initial assessments were used to develop plans of care. We noted expected outcomes helped people to achieve their preferences and have their individual needs met. Staff demonstrated a good understanding of how to deliver person-centred care. Comments included, "I ask them (people) what they like and need" and "It's not what everybody wants but what the individual wants. I make sure this is done."

Reviews of care were documented and captured people's views on the care and support delivered. However, we found these were not undertaken on a consistent basis even though care plans and risk assessments were regularly reviewed and kept up to date. This was supported by a person who commented, "I can't recall an update."

We recommend the service seek best practice and current guidance on carrying out reviews of care.

The service acted in accordance with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care records clearly identified people's communication abilities and how staff should communicate with them.

Most of the people we spoke with acknowledged there were activities they could participate in but chose not to. This was because they either went out with family members and friends or chose to stay in their rooms. There was a wide range of activities available and these are displayed on the notice board in the hallway on a daily basis. The home had a minibus which enabled people to go on the occasional excursions. People told us where they had visited and an list of upcoming trips were on display. We observed a morning activity which consisted of a question and answer session with 11 people in attendance. Activities on offer were facilitated by activity co-ordinators who were passionate and motived in carrying out their tasks. During our visit students from the National Citizen Service (NCS) were in attendance to work with people to arrange a social event. This demonstrated people's social needs were met.

The registered manager showed us the complaints log and explained they had not received any complaints.

However, people spoke to us about verbal complaints they had made which some felt were resolved and others felt were not. Staff told us they would try and resolve complaints in the first instance but if this did not resolve the situation, the complaint would be passed on to their seniors or management. One person had raised a couple of concerns they had but stated they had not spoken to the registered manager or any staff members. Therefore, the service was not given the opportunity to respond or make any changes. The person was happy for us to pass on their concerns to management, which we did. A complaints policy was in place and displayed on the communal notice board. This showed people the process that would be followed once a complaint had been received.

We recommend the service seek national guidance and best practice on recording verbal complaints received.

People were supported at the end stages of life to have a comfortable, dignified and pain-free death. Care records showed people's end of life wishes and preferences were documented and staff had received the relevant training.

Good

Is the service well-led?

Our findings

At our previous visit on 31 October and 1 November 2016, we found quality assurances systems in place to monitor and improve the quality and safety of the services failed to identify where quality was being compromised. Care records did not always accurately record discussions held with people's relatives. Quality assurance systems were assessed in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which were no longer in force.

During this visit we found in the last three months, a new management team was now in place. This consisted of a new administrator, deputy manager, registered manager and general manager. The general manager showed us the provider's draft strategic business plan for 2018 to 2023. This detailed the proposed actions to be taken to ensure people received the 'best possible quality care, tailored to meet residents needs and aimed at maintaining their individuality and independence."

We found the management team were in the process of overhauling the quality assurance systems that had been in place. There were improvements in staff recruitment records and all discussions held with people's relatives were documented. We saw various audits were undertaken to ensure the quality of the care delivered was not compromised. Policies and procedures were updated and discussed with staff who signed to confirm they had read and understood them. We found quality assurance systems were assessed in line with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were complementary about the service and how it was managed. Comments included, "I like it. Everyone is incredibly pleasant. It's amazing!", "Leadership appears to be quite good", "Those (managers) I've seen are very competent. I can't recall her (registered manager's) name but every one seems happy here. The leadership is fairly good" and "Things are changing very quickly to a certain extent they are still in transition (management)."

The registered manager spoke positively about the support she had received from the previous and current general managers. They commented, "I had a lot of support from (name of previous general manager). In the last three months I have strengthened myself with further management training. The support I have received from (name of current general manager) is amazing. She knows more about the business side and works strategically. She knows I can manage the care." We viewed the minutes of senior managers meetings which documented how they were being supported.

Staff felt comfortable to raise any concerns with management and felt listened to. They found management to be approachable and supportive. Comments included, "I find it much nicer to come to work. If you have a problem, you don't have to hold it in. Management are very supportive. I am not scared to say anything to them" and "Now? Yes (feels comfortable to raise concerns with management). Before, no. There's a lot of changes in management which is very good. I can come to work now without stress and management will help me." Staff told us they felt treated equally and management had no favourites amongst the staff team

Staff said they were able to give and receive feedback from management at supervision and team meetings.

A staff member commented, I attend team meetings which provide me with updates and gives me an opportunity to air my views and make sure I can carry out my daily tasks. This was confirmed by our view of minutes of staff team meetings which ensured all staff were aware of their roles and responsibilities.

The service sought the views of people by holding residents meetings. However, the registered manager told us they were looking at other ways to capture the views of people who chose not to attend these meetings. People were able to express their views on various aspects of the service to an advocate at residents meetings, who presented them to the management committee. We viewed the various management reports and saw appropriate actions were taken in response to the feedback received.