

Winscombe Care Home Limited

Winscombe Care Home

Inspection report

Southwick Road
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Fareham
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22 February 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 February 2018 and was unannounced.

Winscombe Care Home offers accommodation for up to 28 people with a physical or learning disability. The property is set back from the road in large grounds with car parking available. All accommodation is on ground level.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

We previously inspected Winscombe Care Home on 7 December 2016 and found the provider did not always follow the requirements of the Mental Capacity Act 2005. We also found quality assurance systems were not effective. We issued a breach of Regulation 11 of the Health and Social Care Act 2014, Need for consent and a breach of Regulation 17 of the Health and Social Care Act 2014, Good governance. At this inspection we found improvements had been made and the provider had met the regulations.

There is a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Safe arrangements were in place for the selection and recruitment of staff.

The provider had safe arrangements in place to support people with their medicines.

There were effective arrangements were in place to reduce the possibility of infection.

Staff received training appropriate to peoples' needs and were regularly monitored by a senior member of staff to ensure they delivered effective care.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 and worked with advocacy agencies, healthcare professionals and family members to ensure decisions made in people's best interests were reached and documented appropriately

People were not unlawfully deprived of their liberty without authorisation from the local authority. Staff were knowledgeable about the Deprivation of Liberty Safeguards (DoLS) in place for people and accurately described the content detailed in people's authorisations.

People were protected from possible harm. Staff were able to identify the different signs of abuse and were

knowledgeable about the home's safeguarding processes and procedures. They consistently told us they would contact CQC and the local authority if they felt someone was at risk of abuse. Notifications sent to CQC and discussions with the local authority safeguarding team confirmed this.

Staff interacted with people and showed respect when they delivered care. Relatives and healthcare professionals consistently told us staff engaged with people effectively and encouraged people to participate in activities. People's records documented their hobbies, interests and described what they enjoyed doing in their spare time.

Records showed staff supported people regularly to attend various health related appointments. Examples of these included visits to see the GP, hospital appointments and assessments with other organisations such as the community mental health team.

People received support that met their needs because staff regularly involved them in reviewing their care plans. Records showed reviews took place on a regular basis or when someone's needs changed.

The service had an open culture where people told us they were encouraged to discuss what was important to them. We consistently observed positive interaction between staff and people.

There were effective arrangements were in place to investigate and respond to complaints.

The provider was open and honest about the improvements they wanted to make and provided examples where they had learnt lessons and implemented change.

Appropriate arrangements were in place to support people towards the end of their life.

People were supported to participate in a wide range of activities they had chosen.

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 remained safe. People felt safe because the provider had systems in place to recognise and respond to allegations of abuse or incidents.

People received their medicines when they needed them. Medicines were stored and managed safely.

There were sufficient numbers of staff deployed to ensure the needs of people could be met. Staff recruitment was robust and followed policies and procedures that ensured only those considered suitable to work with people who were at risk were employed.

Is the service effective?

Good ●

The service was effective. Staff received training to ensure that they had the skills and additional specialist knowledge to meet people's individual needs.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and how to act in people's best interests.

People's dietary needs were assessed and taken into account when providing them with meals. Meal times were managed effectively to make sure people had an enjoyable experience and received the support they needed.

Is the service caring?

Good ●

The service remained caring. Staff knew people well and communicated with them in a kind and relaxed manner.

Staff complied with requirements of the Accessible Information Standard and the Equalities Act 2010.

People were supported to maintain their dignity and privacy and to be as independent as possible.

Is the service responsive?

Good ●

The service remained responsive.

People's needs were assessed before they moved into the home to ensure their needs could be met. Input and support from healthcare professionals when reviewing peoples' care needs improved people's quality of life significantly.

People received care and support when they needed it. Staff were knowledgeable about people's support needs, interests and preferences.

The provider had effective arrangements in place to receive and investigate concerns and complaints.

Is the service well-led?

The service was well-led. People felt there was an open, welcoming and approachable culture within the home.

Staff felt valued and supported by the registered manager and the provider.

The provider regularly sought the views of people living at the home, their relatives and staff to improve the service. The registered manager had effective arrangements in place to monitor the quality of care.

Good ●

Winscombe 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 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 took place on 21 and 22 February 2018 and was unannounced.

Two inspectors carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the registered manager, the provider, the deputy manager, two activities coordinators, eight care workers, two relatives, six people and four healthcare professionals.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, six staff recruitment files, feedback questionnaires from relatives, policies and procedures, supervision and training records, complaints and quality assurance documents.

We last inspected the home on 7 December 2016 where we found two breaches of the HSCA. The provider did not always follow the requirements of the Mental Capacity Act 2005. We also found quality assurance systems were not effective. We issued a breach of Regulation 11 of the Health and Social Care Act 2014, Need for consent and a breach of Regulation 17 of the Health and Social Care Act 2014, Good governance.

Is the service safe?

Our findings

People told us they felt safe. One person said, "If I thought I wasn't safe then I wouldn't stay here, the staff are nice and helpful". Another person smiled, told us they felt safe and said, "I am happy here"

The provider and the registered manager were honest in respect of improvements they needed to make and told us they had learnt lessons from previous complaints and staffing issues. Before the inspection we received concerns from a member of the public who told us the provider did not have robust arrangements in place to manage and support staff during investigations and staffing matters. We raised this with the provider and the registered manager. The registered manager said, "We made mistakes in the past and we hold our hands up. We have now employed a human resource company who have already helped us with certain issues and it has worked really well". The provider said, "We have implemented new policies and procedures". Investigation and supervision records demonstrated the new arrangements in place were effective and provided support to staff.

The service had taken appropriate steps to protect people from the risk of abuse. Staff were aware of their responsibilities in relation to safeguarding. They were able to describe the different types of abuse and what might indicate that abuse was taking place. Staff told us there were safeguarding policies and procedures in place, which provided them with guidance on the actions to take if they identified any abuse. They told us the process that they would follow for reporting any concerns and the outside agencies they could contact if they needed to. A member of staff said, "I have no worries that any abuse has happened here but if it did then I would speak to CQC or I would phone the police". One person said, "I see everything that goes on here and it's a nice place, nobody gets hurt here".

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

There were enough skilled staff deployed to support people and meet their needs. Staffing levels had been determined by assessing people's level of dependency and hours had been allocated according to the individual needs of people. Staffing levels were kept under review and adjusted based on people's changing needs. Staff told us there were enough of them to meet people's needs. A member of staff told us they had nine staff on in the morning and seven staff working in the afternoon. Two members of staff stated that there were always two seniors on a shift or one senior and one shift leader. They stated that there were three to four members of staff working during the night. A member of support staff referenced the flexible shift pattern that had been introduced and said it was positive as it "helped with work-life balance". The staff member felt they had adequate time to carry out their work effectively. They reported that in the past

managing their workload had been more difficult. Management had responded to their concerns by employing another chef for when they were not available to work. Another member of staff told us the service had improved over the last two years in respect of staffing numbers, quality of staff and staff experience.

Safe arrangements were in place for the administration, recording and storage of medicines. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. Only staff who had received the appropriate training for handling medicines were responsible for the safe administration and security of medicines. Regular checks and audits had been carried out to make sure that medicines were given and recorded correctly. Medication records were appropriately completed and staff had signed to show that people had been given their medicines. A member of staff said, "The meds [medicines] system is all recorded on our I-pads and everything is colour coded for morning, lunchtime and evening". Each person's medication profile contained a picture of the person, their name and date of birth and any allergies they had. Reason for non-administration of medicines such as refusal were recorded. A member of staff said, "The GP comes in every week so we can show him the meds records and we can speak to him about any worries or meds concerns" Another member of staff said, "I had a medication competency check in November". Staff were familiar with and competent in how to use the technology for supporting people with their medicine.

Arrangements were in place to manage risks appropriately, and to make sure that people were involved in decisions about any risks they may take. For example, a risk assessment and a capacity assessment showed the risks associated for one person when accessing the community. These included the dangers of speaking with strangers, road safety and finances. The documents recorded feedback from the individual concerned, their family member and an advocate.

The provider had appropriate arrangements in place for making sure that the home was kept clean and hygienic so people were protected from infections that could affect both staff and people using the service. A member of the domestic team said, "I asked for a new buffer as I wanted the floors to be cleaner and I got it". We observed staff using personal protective equipment (PPE) during meal times and when personal care was provided. Peoples' rooms were clean, tidy and presented well. The provider had improved the layout and structure of the building and showed us additional plans to improve the outside and internal aspects of the home. A relative said, "A lot has changed and it is exciting to see the progress".

Is the service effective?

Our findings

Staff told us they received effective support and supervision. One staff member said, "I have a brilliant line manager, I can approach them whenever I need to and I have had lots of training".

At our previous inspection we issued a breach of Regulation 11 of the Health and Social Care Act 2014, Need for consent. At this inspection we found improvements had been made and the provider had met the regulation. Where people were unable to express their views or make decisions about their care and treatment, staff had appropriately used The Mental Capacity Act 2005 (MCA) to ensure people's legal rights were protected. The Act 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff were able to describe the principles of the Act and told us the times when a best interest decision may be appropriate.

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 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. At the time of our inspection there were eight people who were subject to DoLS and 10 who had been referred to the local authority for assessment.

Care plans were person-centred and reflected people's individual needs. There was a multi-disciplinary team of professionals who contributed to the planning and reviewing of people's care. Care plans gave detailed information about the needs and preferences of the people who used the service. There were robust strategies in place to identify the possibility of behaviours that may challenge, support techniques to be used and guidance on what should be recorded and reported once interventions had been used. Care plans also included detail about which communication aids were needed to help assist people to make decisions about their care. We observed staff engaging with people using pictures and symbols.

People received appropriate care and support from external healthcare organisations. One healthcare professional said, "I have been here a few times and I am pleased to see people are engaged with the GP, district nurses, dentists and all the other relevant professionals you could think of". One person's review record showed they had engaged with their social worker, their GP and the community psychiatric nurse during a time of emotional stress and depression. A relative said, "(Person) has all their healthcare needs met". People went to visit the local surgery if they needed to see a doctor, and they had regular routine healthcare check-ups. Some healthcare appointments took place in the service where people could receive greater support to ensure they received the health care they needed. Staff told us how they recognised signs that someone may not be feeling well. They also said they knew about people's medical histories which helped them be aware of any conditions that could reoccur.

People received care and support which reflected their diverse needs in relation to the seven protected characteristics of the Equality Act 2010. The characteristics of the Act include age, disability, gender, marital status, race, religion and sexual orientation. Peoples' preferences and choices regarding these characteristics were appropriately documented in their care plans. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

People received care from staff that were competent and had the skills and knowledge to care for their individual needs. Staff training was relevant to their role and the training programmes were based around current legislation and the Social Care Institute for Excellence (SCIE) best practice guidance, training and research. New employees shadowed experienced staff before working alone. Their induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding, and food hygiene. A member of staff said, "We have lots of training and if I want to do any of my NVQ's or additional training then they (Management) have said I can do it". Staff benefitted from an annual performance management cycle. This included annual performance reviews and regular supervision sessions. Minutes of these meetings demonstrated they were carried out robustly and professionally. Any performance deficits were identified and discussed, with learning and development opportunities made available. Positive feedback was given, to confirm good practice. Staff told us they felt they were well supported by the management of the service. A member of staff said, "Management are really supportive, anytime I have had an issue in work or out of work they have helped me a lot".

The provider had effective arrangements in place and followed best practice guidance to ensure people who were at risk of malnutrition, dehydration or choking were cared for appropriately. A member of staff explained the risks associated with one person who was at risk of choking and said "They (Person) is on a fork mashable diet". Records showed a referral to the speech and language team (SALT) had been completed. The staff member told us risks were communicated to other staff through morning and afternoon handovers and documented in their care plans. A choking risk assessment in one person's care plan gave specific instructions about minimising the risk such as "needs full support cutting and feeding at meal times, staff are to cut food into bite size pieces ensuring it is not too hot. With drinks they require a straw, staff to support them by holding the drink". Care plans showed anyone who was diabetic or had any allergy was supported to eat and drink safely. Guidance around these risks was documented in peoples' "essential information" sheet or in their care plan. The chef said they provided balanced meals and safe portion sizes for people that were less able to be physically active. The kitchen staff said they had recently changed breakfast to encourage a more balanced and varied diet with options such as: natural yogurt, fruit or croissants. They also said they had been supporting one person who was trying to lose weight with Weight watchers by providing different meals.

Is the service caring?

Our findings

Relatives and healthcare professionals provided positive feedback about the care people received. One relative said, "They go the extra mile, they talk to me when they come in, they are interested in (Persons') family. We have a good rapport between everyone and communication is positive. I was involved from the very word go. A month ago it (DoLS) was renewed and we were involved. No concerns, I want to express my satisfaction, no qualms about the home, the house has developed enormously. The journey is massive". A healthcare professional said, "I would be happy to live here if I had care needs".

There were policies, procedures and training in place to give staff guidance about treating people with privacy and dignity. People told us that they were always given choices and that they were treated with dignity and respect. Staff explained to us how they made sure people received support with their care in a way which promoted their dignity. One staff member said, "We make sure doors are closed and we ask them (people) if it is ok to give personal care and we talk to them about different things to make them feel calm and relaxed". We repeatedly observed staff knocking on peoples' doors and asking for permission before entering.

Each person's physical, medical and social needs had been assessed before they moved into the home. Assessment of needs included obtaining information about people's likes, dislikes and preferences about how their care was to be provided. Care plans were developed and maintained about every aspect of people's care and were centred on individual needs and requirements. This ensured that the staff were knowledgeable about the person and their individual needs. People told us they were involved in making decisions about their care. One person said, "We have meetings and if there is something I want to change then it gets changed".

The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard is a framework which was 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. One person said, "There are pictures over there so I know what is happening". One person was able to take ownership of the activities they participated in and the food they ate by using a pictorial timetable.

Is the service responsive?

Our findings

People told us their needs were met. One person said, "They help me to change my pad and they help me to have a bath and put cream on me". Another person said, "Staff help me when I am anxious and they try and keep me calm, they are lovely and I think they do a good job".

Records showed peoples' changing needs were promptly identified and kept under review. For example, at the time of our inspection there were issues with one person's catheter. A member of staff had contacted the district nurse who visited the person that morning. The staff member said, "It's an on-going issue and we have lots of support with the catheter from the district nurse. (Person) has a neurology appointment next week". The person's daily records were updated to reflect the changes in care required.

Staff completed daily records which were used to record what each person had been doing and any observations regarding their physical or emotional wellbeing. These were completed regularly and staff told us they were a good tool for quickly recording information which gave an overview of the day's events for staff coming on duty. Care files also identified people's likes/dislikes and interests which the home then attempted to accommodate. People were able to take part in a range of activities which suited their individual needs.

People were supported to take part in a wide range of activities and staff often went the extra mile to help people achieve their dreams. A member of staff said, "I booked (Person) to go to Wimbledon and I also managed to get (Person) to meet Robbie Williams, all her wishes had come true and she loved every second of it". Another person was supported to attend the darts world championship. Other activities and events included a mad hatter's tea party, a celebration of the Chinese new year and a visit from the Mayor. An activities coordinator told us people had visited Bird World, Monkey World, Windsor castle, Beaulieu Abbey, Weymouth and Sea world in London. Another member of staff said, "We go to local shows. We had such a good night at the Abba concert and we help people to go on holidays. We booked a house in the Isle of Wight and booked lots of people to have a holiday. People absolutely loved it, one person's mum came, and she loved it. It had a hoist, a wet room; the right type of beds, we had a staff member go over there for two weeks to care for people in the nights". Another activities coordinator said, "The actual house had a lift so people were able to use the garden. Food wise the chef provided us with all the eggs, bacon, bread and everything. People came back buzzing". We saw photographs that showed all these activities and trips had taken place. One person said, "I had a great time on holiday and want to go again".

The provider kept a complaints and compliments record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Formal complaints had been appropriately investigated by the registered manager. Complaint records demonstrated the registered manager had responded appropriately and in reasonable time. A relative said, "(Person) is happy and we are happy. Most importantly if there were the slightest concern I would be on the phone with folk here but I have no worries".

The provider had arrangements in place to support for people should they require end of life care. A member of staff said, "We work with external healthcare professionals to ensure we are providing the best care possible". Another member of staff said, "It isn't something that happens a lot here but we would make sure all the right equipment was in place and we had done everything we could to keep them as comfortable and as pain free as possible".

Is the service well-led?

Our findings

At our previous inspection we found a breach of Regulation 17 of the Health and Social Care Act 2014, Good governance. At this inspection we found improvements had been made and the provider had met the regulation.

Staff were complimentary about the registered manager. One staff member said, "The registered manager is amazing, she believes in her staff. Professionally and personally she's always got an open door policy. She has helped staff with food banks, food parcels to take home and even helped to find parenting classes and get advice about benefits. I have never felt so much warmth. Other staff have offered me support in the past, we are very passionate people. And "I'm lucky to have such a supportive manager. I expressed my hopes and my dreams and now she is on about to just put me on a management course. I have witnessed the change in professionalism". A relative said, "I can honestly say the manager is very good"

The provider had good arrangements in place to monitor the quality of care provided. Monthly and weekly audits were carried out to monitor areas such as health and safety, care plans, accidents and incidents and medication. Other audits monitored and recorded any improvements required relating to the security of the home, cleanliness and staffing hours. A relative said, "I am able to give feedback whenever I want and they do take it on board" and "I am involved with everything".

Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people. The registered manager had referred incidents and investigation matters to the local authority when required.

The registered manager worked positively with external organisations. For example, one person was referred to their GP after they had a period of anxiety. Records showed their community psychiatric nurse was involved and a relative said, "When (person) had a fall I was called and so was the falls team".

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. We observed people asking for alternative meals and drinks and also heard people asking staff about activities. Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed staff members smiling and laughing with people during activities. Staff were calm and patient when assisting people with their meals and provided compassion when people were anxious. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way.

Staff told us there was good communication within the team and they worked well together. Staff, people and relatives told us the registered manager and other members of the management team were extremely visible and told us they had created a warm, supportive and non-judgemental environment in which people had clearly thrived. The home had a clear management structure in place led by an effective registered manager who understood the aims of the service. Staff told us the morale was good and that they were kept

informed about matters that affected the service.

Staff told us that team meetings took place regularly and they were encouraged to share their views. They found that suggestions were warmly welcomed and used to assist them to constantly review and improve the service. We looked at staff meeting records which confirmed that staff views were sought and confirmed that staff consistently reflected on their practices and how these could be improved. Staff told us they felt comfortable raising concerns with the registered manager and found them to be responsive in dealing with any concerns raised.

The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary. A member of staff said, "I would go to the local authority or CQC".