Mr. Robert Pountney

Winthorpe Hall Care Home

Inspection report

74 Gainsborough Road
Winthorpe
Newark
Nottinghamshire
NG24 2NR

Tel: 01636701826
Website: www.winthorpehall.co.uk

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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

We carried out an unannounced inspection of the service on 15 December 2016.

Winthorpe Hall is registered to accommodate up to 28 people with personal care and nursing needs. There were 13 people living at the home at the time of our inspection.

There was a manager registered with the Care Quality Commission (CQC). 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.

People were safe who used the service. Staff had received safeguarding training. Staff had a good understanding of safeguarding matters and the action they would take to report any concerns they found.

Risks were identified and assessed. Care had been planned for each individual to ensure the levels of any risks were kept to a minimum.

Appropriate equipment was in place and each person had an emergency evacuation plan in place.

People and their relatives felt there were sufficient staff who were trained to support people and where relevant necessary procedures were followed to ensure safe care practices were always used.

People received their medicines safely and correctly. Systems were in place to ensure staff responsible for administering medicines did so in a safe way.

People were cared for and supported by knowledgeable staff. Staff assessed people's needs to ensure they received effective care.

Staff received a robust induction, supervision, a yearly appraisal and attended relevant training courses to develop their skills and knowledge.

People gave their permission for care and treatment they received. The provider followed appropriate guidelines for the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which are a requirement of the MCA.

People received positive experiences at lunch time and were able to make their own choices. They received sufficient to eat and drink and where relevant food preferences were adhered to.

People were supported to maintain good health and had access to healthcare services to support their health needs.

People were cared for by caring staff who treated them with dignity and respect. Staff interacted well with people and they were encouraged to develop caring relationships with the people they cared for.

People's choices and preferences were accommodated. People were supported to follow their hobbies and interests.

People were happy with the way the home was managed. They were confident to raise any concerns or complaints with the appropriate staff member. The culture of the service was open and transparent and people could share their views and experiences.

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 were safe living in the home. They were cared for by staff who had completed safeguarding training and were aware how to protect people from harm.

Risk assessments had been carried out and reviewed on a monthly basis.

There were sufficient staff who were trained to support people and necessary procedures were followed to ensure safe care practices was always used.

People received their medicines safely and correctly.

Is the service effective?

Good

The service was effective.

People were cared for and supported by knowledgeable staff

Staff received a robust induction, supervision, a yearly appraisal and attended relevant training courses to develop their skills and knowledge.

The manager was following the requirements set out for the MCA and DoLS and acted legally in people's best interests if they did not have the mental capacity for particular decisions.

People were supported to have a balanced diet that promoted healthy eating and drinking.

People received relevant health services when their needs changed.

Is the service caring?

Good

The service was caring.

People were treated with kindness and compassion on a daily

basis.

Staff treated people with dignity and respect and interacted well with people to help to develop caring relationships with the people they cared for.

Details and information about an advocacy service was made available for people.

Is the service responsive?

Good

The service was responsive.

Staff responded to people's needs in a timely manner.

People were encouraged to follow their hobbies and interests.

People were encouraged to share their experiences and raise concerns if needed.

Is the service well-led?

Good

The service was well-led.

People were able to voice their views on how the service was run.

The manager was open and approachable.

The provider had a system to assess and monitor the quality of service that people received, but they were not always recorded.

Winthorpe Hall 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.

This inspection took place on 15 December 2016 and was unannounced. The inspection team consisted of one inspector.

Before we visited we reviewed the information we held about the service including notifications. Notifications are about events that the provider is required to inform us of by law.

During our visit we spoke with four people who used the service, three relatives for their feedback about the service provided. We also spoke with a visiting healthcare professional. We observed staff interacting with people to help us understand people's experience of the care and support they received. We spoke with the registered manager, four members of staff, the cook, and the provider's representative.

We looked at all or parts of the care records for four people, the training and induction records for four staff and three people's medicine records along with other records relevant to the running of the service. This included policies and procedures, records of staff training and records of associated quality assurance processes.

We also consulted commissioners of the service who shared with us their views about the care provided.

Good

Is the service safe?

Our findings

People were protected from abuse and harm because the provider had systems in place to identify the possibility of abuse and to reduce the risk of people experiencing abuse or harm. People told us they felt safe living in the home. One person when asked do you feel safe said, "Yes absolutely, I would not stay if I didn't." Two relatives we spoke with told us they felt their family members were in safe hands. We observed people interacting with staff safely.

From discussions with staff we found they had a high level of understanding about how they should keep people safe. Staff told us they had received safeguarding training and their training was all up to date. Records we looked at showed that where staff had not completed the safeguarding training dates had been arranged for the start of the new year. Staff were able to describe and identify the signs of abuse and the action they would take to report and document any concerns. No staff we spoke with had experiences and concerns or issues relating to abuse, but all felt confident the manager would act on any concerns raised. The registered manager told us they were responsible for contacting the local authority to obtain advice when dealing with safeguarding issues and we saw they reported issues appropriately.

We saw risk assessments had been carried out and reviewed on a monthly basis. We looked at the care that had been planned for four people who were living in the home. The planning helped to reduce risks. Individual risks were identified and managed; people were involved in making decisions about any risks they may wish to take. We saw it was documented on an accident form if a person had a fall and a copy of this was kept on their care file. We saw action had been taken following one person having a fall to reduce the risk of reoccurrence and the effectiveness of the intervention was monitored. For example, a sensor mat had been put into place by a person's bed to alert staff when the person got out of bed without seeking assistance. The service managed accidents and incidents to ensure they mitigated any risk to people. There were systems in place to monitor and address any incidents that may occur. We found recorded on relevant care files any injury and accidents that people had received. There was a culture within the home of learning from these incidents to make sure they did not reoccur.

We saw equipment in place for the safe moving and handling of people with mobility problems. Pressure relieving equipment, for example, pressure cushions and mattresses were in use or in place.

Each person had an emergency evacuation plan and this was easily accessible. This showed there were plans in place to support people in an emergency.

People told us they felt there were enough staff to meet their individual care needs. Two visitors complimented the staff and one said, "No matter when I arrive there is always staff about." We observed staff providing one to one care for people and taking time to discuss their care needs with them. Staff we spoke with told us they felt there were enough staff to provide care and attend to people's needs. The registered manager had systems in place to ensure they had sufficient staff on duty. They told us the level of staff depended on people's dependency and this was reviewed and monitored on a regular basis. We observed people's needs and requests were attended to in a timely manner,

There was a stable group of staff working at the home, which helped support the continuity of care for people. Recent recruitment of new staff was managed safely. Staff confirmed to us that there had been a robust recruitment process when they had first applied to the home. Staff files we looked at identified staff had completed an induction. We saw appropriate processes had been followed in line with the recruitment policy to make sure that staff employed were safe to care for people in the home. The registered manager told us they had a process in place to cover shortfalls in staffing levels. They said during staff absences they would use agency staff to cover the shortfalls.

People's medicines were managed and they received them in a safe way. People told us the staff made sure they took their medicine. We observed the morning medicines being given by a named member of staff. The staff member gave a person their medicines and explained to them what the medicine was for. The staff member followed relevant procedures to document and administer people's medicines.

We saw appropriate checks and good practice was in place to ensure the medicine was for the person identified and that they took it in a safe way. Medication Administration Records (MAR) were completed for each person and identified how they preferred and liked their medicine to be taken. We saw protocols in place for medicines which had been prescribed to be administered only as required (PRN). This meant there was a certain process for which these medicines were prescribed that staff had to follow for people's safety.

We looked at the process for ordering and storage of medicines and found they were in line with medicine requirements. Staff explained the process and procedures they followed. They also confirmed they had undertaken training and competency assessments to ensure they administered medicines safely. We saw copies of competency assessments completed and training they had attended. We saw appropriate referrals were made to other professionals if people refused their medicines on a regular basis.

Good

Is the service effective?

Our findings

People received care, which reflected their needs, from staff that were knowledgeable and skilled to carry out their roles and responsibilities. People's feedback about their care and support was consistently good. One person said, "The care I receive is excellent, cannot fault it." Relatives were complimentary about the staff and their knowledge of people's needs. One relative said, "I have no concerns, they know what they are doing."

Staff felt they had sufficient training and knowledge to ensure people's care was effective. One staff member described how they addressed a person's moods. They told us there were triggers that the staff were aware of. They said they had received training in how to handle people whose behaviour may challenge others. We found staff had completed relevant training to help them support the people they cared for. They were able to describe the support individuals required and the level of care needed to ensure they received effective care.

Staff told us they received regular supervision and an appraisal on an annual basis. The registered manager had systems in place to ensure staff were supported and able to share good working practices, which in turn helped to drive improvement within the home. For example the registered manager observed care practices being delivered. They also kept up to date with guidance and new developments and had links with organisations to promote best practice, such as the dementia outreach team. It was recorded on each person's care file how staff should provide best effective care to support these individuals.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. People's rights were protected under the Mental Capacity Act 2005.

People consented to their care and treatment and consent was sought in line with relevant guidance. Staff were knowledgeable about people's capacity and demonstrated the best way they should support each person they cared for. Where people lacked the mental capacity to consent to their care, MCA assessments and best interest decisions had been made appropriately. The registered manager told us no one had any restrictions in place. However, they said that when necessary DoLS would be applied for

People told us that they were involved in discussions and decisions about their care. We saw examples of people being given day to day choices of what they ate, drank, where they spent their time and activities they wished to do.

We saw care records for some people who had a decision not to attempt resuscitation order (DNACPR) in place. All DNACPR's had been completed appropriately.

People were supported to eat and drink sufficiently to maintain a balanced diet. People told us they enjoyed the food. One person said, "The food is very good here, we are always offered a choice." We saw people who required soft or different diets were supported. The kitchen staff were aware of special dietary needs.

Staff told us people's nutritional needs were recorded in their care plan and people were weighed regularly to make sure they had a stable weight. Records we looked at confirmed this. One staff member said, "If we find concerns and a person had lost or gained too much weight we would put food and fluid charts in place to monitor the situation. We found examples of food and fluid charts in place for some people. Some people were at risk of malnutrition and had been prescribed food supplements, we saw these were present and staff were fully aware of people's needs.

We observed the lunchtime experience for people and saw that people were being effectively supported. We saw staff were patient, supportive and encouraging people to be independent where appropriate. People were offered drinks. We saw staff followed good practice, including sitting at the same level as the person they were supporting when assisting them to eat. We saw staff were chatting with people while they were supporting them.

People were supported to maintain good health and wellbeing as they had access to healthcare services and received ongoing support. People told us they could see a doctor any time they wanted one. Staff confirmed they worked well with other professionals such as the GP's, dentist and the community matron. One staff member told us the district nurse called at the home every other day. We saw on each person's care file records of when other professionals had visited them in the home. Staff told us they monitored people's changing needs on a regular basis. One staff member said, "We know the people we care for. If they take ill or change in any way we would contact the GP."

During our visit one person became unwell and staff contacted a healthcare professional. We spoke with the healthcare professional and they gave us positive feedback about the home. Comments included the home were very good at reporting concerns and following recommendations when they needed to. This told us people were supported to maintain good health.

Good

Is the service caring?

Our findings

People were encouraged and supported to develop positive caring relationships. People told us they were treated very well by staff. People were shown kindness and compassion in their day to day care. A relative told us, "You can't fault them here. The staff are very good. We are always made to feel welcome when we visit. It is just like a family." Another relative said, "I can visit anytime I want to."

Staff told us they encouraged people to develop caring relationships and we observed staff interacted well with people. We found staff to be warm, friendly, gentle and caring throughout the day. One staff member said, "I love it here. I love looking after them [the people who use the service]."

People we spoke with did not comment if they had been involved with their care planning. However, they did talk positively about the care and support they received. Four relatives we spoke with told us they had been fully involved in their relative's care. Care records we looked at confirmed people and their families had been involved with their care planning.

We found staff were respectful when addressing people and used people's first names when they spoke to them. We found when speaking with staff they had in depth knowledge of each individual's needs and preferences. One staff member described how they cared for a person who they were key worker for. A key worker is a member of staff who works with the person, other healthcare professionals and family members to ensure the person's needs are met.

Care plans we looked at contained information relevant to the person and reflected people's needs. We found they were individual to the person and contained information, such as their life history, so staff could talk about what was important to the person. Care plans had been reviewed and updated.

There were details and information available for people about an advocacy service on the notice board in the home. An advocacy service is used to support people or have someone speak on their behalf. Advocates are trained professionals who support, enable and empower people to speak up.

People we spoke with told us they felt they could have their say and that the provider listened to them and that their views were acted upon. One person had difficulty in remembering day to day appointments and retaining relevant information. They showed us they had a process in place where staff would write information down in a book, so they [person] could make their wishes known and achieve their goals. The manager told us where possible they would support the person with their choice and preferences.

People felt their privacy and dignity was respected. Staff described the ways they preserved people's modesty and privacy when providing personal care. The registered manager told us they had a named member of staff who was a dignity champion for the home. This was to ensure people received care that was compassionate, person centred, as well as efficient. We observed when a health care professional visited one person the staff provided a dignity screen around the person to make sure they had privacy while being attended to.

We found privacy, dignity and people's rights and choices were recognised in each individual's care plan. All care plans described how staff should maintain a person's dignity. There were clear instructions for staff to follow. When we spoke with staff they were able to tell us what this meant for people and how it made them feel.

Some of the people we spoke with told us their relatives were able to visit them at any time. We observed family and friends visiting people during our inspection. We found visiting times were very flexible and without undue restrictions. One relative told us they were very happy with their relatives care and the way they were treated. They said staff are very attentive. We saw other people who spent most of the day with their relative just as they would if the person was still at home. The manager told us if a person wanted to speak in private they had access to another area within the home, their room or the office to ensure people's privacy was respected.

Good

Is the service responsive?

Our findings

People and their relatives gave positive feedback that call bells were always answered in a timely manner. We observed staff to have effective communication skills by listening to people and adapting their response to ensure the person's wishes were accommodated.

People told us they had been involved in the first assessment of their care before coming to live at the home. The registered manager told us they completed assessments before a person arrived at the home. These assessments were then used to create the care plan for that person. Staff confirmed they read the information on the care plan to help them personalise care for people living in the home.

People were supported to follow their interests and hobbies. We saw people participating in group and individual activities during our visit. Staff responded to a person who wanted to play a game of dominoes. Another person was reading the paper. We saw some people had a daily paper delivered to the home. One staff member was assisting a person to write Christmas cards to their family and friends. This showed us people were supported to participate in meaningful activities.

The care records we reviewed contained individual profiles for people and identified their likes and dislikes, things that were important to them and things they enjoyed doing. We saw care plans were reviewed on a regular basis and people's diverse needs were identified. Where relevant their religious needs had been considered and acted upon.

A visiting healthcare professional gave positive feedback on how responsive the service was. They described where people's needs had changed quite quickly the registered manager and staff had responded to these changing needs. The health care professional told us they felt the staff and registered manager worked well with them and they had no concerns about the care and treatment people received.

People told us they knew who they should raise any issues of concern with. One relative told us if they had to raise an issue with the manager, they were confident the issue would be followed through and dealt with promptly. One person said, "If I am not happy I will say so." The registered manager told us they followed the complaints policy and procedure when complaints were raised. They said there had been one concern raised since the last inspection and this had been dealt with in a timely manner. We saw a copy of the concern and noted it had been addressed. Where changes were required for example, equipment like a profile bed or sensor matt these were put in place.

Staff told us they were aware of the complaints policy and procedure and if a person raised a concern with them they knew who they should report to. We saw the service managed and monitored complaints and took action when required. Guidance on how to make a complaint was made available and displayed in the reception area. There was a clear procedure for staff to follow should a concern be raised.

Good

Is the service well-led?

Our findings

People and their families were given the opportunity to voice their views on the service and to be involved in how the service was run. People were happy with the way the home was managed. People were confident to speak to the manager and felt they were very approachable. One person said, "I can knock on their door anytime." People told us they had also completed a survey and we saw that positive responses had been received.

The registered manager had implemented an audit monitoring system, which had been identified as required in response to a recent infection control audit, completed by a health care professional. We found recommendations had been shared with the provider. We saw the provider had developed a clear action plan and was working towards making the improvements around the home to ensure they were adhering to the code of practice for infection control.

The provider had systems in place to monitor the quality of the service; however these were not always recorded. We saw no medication audits were in place to monitor the accuracy of the recording process of the Medication Administration Records (MAR), but the system staff completed on a daily basis mitigated any risk. However we found a discrepancy with the stock check of one medicine. It was difficult to identify when the discrepancies had occurred. We asked the provider to complete an investigation, which they did. The investigation was inconclusive. The provider implemented a monitoring system after our findings. New systems and processes required further time to fully embed to make sure they were effective and mitigated any risk from this happening again.

The registered manager told us they also completed visual checks of the home and addressed areas of concern as and when required. Although this was not recorded we could see the provider had been proactive and was making improvements to the environment of the home. For example a number of bedrooms and the main entrance had been refurbished. There were plans in place to change some of the lounge easy chairs as some were in need of repair.

A registered manager was in post. Staff we spoke with felt the registered manager was approachable and listened to their views or concerns. We saw that staff meetings had taken place and the registered manager had clearly set out their expectations of staff. Their roles and responsibilities were discussed, including those of night staff. Staff told us they had handover meetings at the end and start of each shift. They also used a communication book to keep all staff informed of any changes in people's needs. One staff member said, "The handover and communication book are useful and we get enough information about the people who use the service. We can raise questions and issues if needed."

Staff told us they felt supported by the management and their colleagues. One member of staff said they felt the registered manager was approachable and led by example. The registered manager told us they were hands on and liked to be visible at all times. They told us the home was one big family and people and staff confirmed this.

Staff told us they received positive feedback as well as feedback on what they needed to improve as part of their personal development through supervision and yearly appraisals. One staff member told us the manager always encouraged positive working practices. The registered manager used supervision meetings and observed practice to regularly review the attitudes, values and behaviour of the staff team.

Staff told us they all carried note books to write down tasks and incidents as they happened. One staff member told us they used the information in the note book to update people's care plans daily to ensure they were current and up to date.

A whistleblowing policy was in place. A 'whistle-blower' is a person who exposes any kind of information or activity that is deemed illegal, unethical, or not correct within an organisation. Staff told us they were aware of this policy and procedure and that they would not hesitate to act on any concerns.

The service worked well with other health care professionals and outside organisations to make sure they followed good practice. We saw that all conditions of registration with the CQC were being met. We had received notifications of the incidents that the provider was required by law to tell us about, such as any safeguarding any significant accidents or incidents. Appropriate action was described in the notifications and during our visit, records confirmed what action had been taken to reduce further risks from occurring.