

Farrington Care Homes Limited

Wainford House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wainford House is a residential care home providing accommodation and personal care for up to 28 people aged 65 and over. At the time of the inspection the home was supporting 18 people. The service does not provide nursing care.

People's experience of using this service and what we found

At this inspection we found that risk assessments designed to record how to keep people safe had improved since our last inspection and were reviewed and amended as necessary. There were clear procedures in place which were operated effectively for the purpose of protecting people from abuse. The manager had addressed the issues identified at the last inspection regarding the heating of the service and recording temperatures, securing wardrobes to the wall, installing stair gates and radiator covers

People living at the service, their relatives and staff working at Wainford House informed us there were enough staff on duty throughout the day and night to provide the care required. The service had a recruitment process which was used by the manager to recruit staff. Senior staff had been trained in the administration of medicines and people received their medicines as prescribed. The manager reviewed events at the service with the staff to determine if any lessons could be learnt. Staff received training in various subjects including infection control and received supervision and appraisals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People's specific communication needs were known, respected and met. Each person had a care plan which included person-centred information about them. People's desired outcomes were known, and staff worked with people, relatives and relevant professionals to help achieve and review these with their consent.

The manager had implemented a robust and effective governance system to monitor the service performance and act upon any issues identified. Staff understood their roles and responsibilities. Staff informed us they enjoyed working at the service because they were well supported. Annual surveys gave people, relatives, staff and visiting professionals an opportunity to express their views and contribute to improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The last rating for this service was inadequate (published 29 January 2020) and there were two breaches of regulation. The provider completed actions after the last inspection to improve the service. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

This service has been in Special Measures since 29 January 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions of Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wainford House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was well-led.

Details are in our safe findings below.

Wainford House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and one assistant inspector.

Service and service type

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

The service had a manager but they were not registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The manager has applied for registration with the CQC.

Notice of inspection

We called the service to announce our inspection visit two hours before the inspection team arrived. This was to ensure we could ask the service for specific information regarding if there were any people using the service who had a positive test for Covid-19 and the provider's procedures for infection control and Covid-19, to ensure we were working within these procedures.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection and we sought feedback from the local authority. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service about their views of the service provided. We spoke with six staff members, including the manager and a senior care assistant.

We reviewed a range of records. This included care records, including care plans and risk assessments in areas such as choking, nutrition and hydration, oral care and supporting people to manage diagnosed health conditions. We reviewed staff training records and records relating to the safe recruitment of staff. A variety of records relating to the management of the service, including audits and quality assurance were reviewed.

After the inspection

We sought clarification from the manager to validate evidence found. We looked at the training matrix, staffing data and quality assurance records. We spoke with four relatives of people living the service for their views.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- There were systems in place to assess, reduce and monitor the risks to people in their daily living.
- People had personalised risk assessments which clearly identified the risk such as choking and how to reduce the risk. Staff were clear upon the difference between a soft and pureed diet.
- Risk assessments detailed how the staff should support people to meet their needs including the support people required to manage diabetes. Appropriate action had been taken to seek professional support to assist the staff write the care plan with the involvement of the person and their family members. A relative informed us they had been involved with writing and reviewing their relatives care plan and the manager kept them up to date of any new information.
- There were systems in place to assess, reduce and monitor the risks to people in their daily living. General environmental risk assessments were completed to help ensure the safety of the home and equipment. These assessments included: checking the heating was working and temperatures recorded throughout the service, radiator and pipe covers in place, checking wardrobes were fixed to the wall and stair gates in place and operating effectively.
- The manager monitored the answering of call bells by staff and for those people not able to use the system the staff checked upon their well-being at set times.
- People had personal emergency evacuation plans which guided staff on how to help people to safety in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at Wainford House. One person told us, "I am safe here because the staff know and care for me well." Relatives also felt confident their family members were kept safe. One relative told us, "[My relative] is very well looked after and in safe hands."
- Staff told us they would feel confident whistleblowing if they observed poor practice. They felt confident they would be listened to and action taken if they raised concerns.
- The staff we spoke with informed us they had received safeguarding training. Records confirmed safeguard training had been delivered and future training was planned.

- People were supported by staff who recognised the signs and symptoms that could indicate people are experiencing harm and abuse. Staff knew how to raise concerns internally and to external organisations such as the local authority safeguarding team or CQC.

Staffing and recruitment

- People told us there were enough staff on duty to keep them safe. One person told us, "There are enough staff on duty day and night." Relatives confirmed with us that they had no concerns about the staffing ratios from discussions they had with their relatives.
- The service had a robust recruitment process in place. This included taking references from previous employers and criminal record checks.
- The manager assessed the needs of people using the service through the use of a dependency tool and this was updated in the light of any events to ensure sufficient numbers of staff were assigned for each shift.

Using medicines safely

- Each person using the service had a medication administration record (MAR), including a recent photograph of the person. Important information such as allergies were recorded on the MAR to ensure staff had an awareness of this.
- Records demonstrated medicines were regularly checked and audited to reduce risks associated with medicines management.
- People's medicines were managed safely and only administered by staff with the relevant training and ongoing competency assessments.
- Where people were prescribed medicines they only needed to take occasionally (prn), guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules, and personal protective equipment (PPE) was used effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The service had systems to learn lessons when incidents had happened. This included reviewing systems and the care provided.
- Staff recorded accidents and incidents appropriately and these were reviewed by the manager to determine if any lessons could be learnt.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility, continuous learning and improving care and managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The manager had reviewed the reports of the service by the CQC. They had spoken with and formed a plan to address the issues with the provider and management consultant new to the service.
- The manager worked with the senior staff of the service to complete regular checks designed to ensure that people were safe, and the service met their needs. Monthly audits included areas such as: risk assessments, infection control, care plan, dependency tools and medicines.
- There were a range of weekly and monthly audits to check the necessary actions were taking place to manage the service. Any issues identified were addressed with an action and timescale. Staff informed us the manager organised time for them to carry out identified duties resulting from the audits.
- The service worked in partnership with other agencies to assess the needs of the people living at the service. The manager had sought the advice of the Local Authority as necessary regarding particular aspects of managing the service.
- The service worked with and sought the views of the people living at the service and their relatives. One relative told us, "The manager knows my relative very well and we speak frequently about their care. I cannot fault the care provided to them."
- The service had a policy relating to the duty of candour and the management team had a clear understanding of the requirements of this policy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service did not have a registered manager registered with the Care Quality Commission. The manager was applying to become the registered manager. They were seen as supportive and approachable by the staff. A member of staff told us, "The manager always has time for you and will come help the staff when

needed."

- Relatives informed us they had no concerns about the care provided at the service and they found all of the staff knowledgeable about their relatives care. One relative told us, "I believe the manager has organised and runs the service very well, they are always positive and understanding."
- The care people needed and preferred was documented in care plans and risk assessments and these provided guidance for staff on how they were to be met. These records, as well as the records which documented the care provided to people daily were regularly monitored and audited to ensure shortfalls were identified and acted on.
- The manager explained to us they had an open door policy and ensured there was training and supervision organised and provided for all of the staff.
- Staff informed us they felt listened to and involved in the running of the service. One staff member informed us about the success of staff meetings as issues could be discussed and firm plans put in place as a result.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their relatives, were asked for their views on the service. The views expressed were valued and used to drive improvement, such as decorating and additional lighting which had been installed.
- The manager had engaged with the people using the service, their relatives and staff about the issues which had led to the last rating of the service, listened to suggestions and implemented actions designed to improve the service.
- Staff were provided with one to one supervision meetings and staff meetings, which provided a forum to discuss their performance and the care provided.
- The manager contacted relatives at regular times to keep the relatives informed about their family members well-being.

Working in partnership with others

- We saw that the service had made positive arrangements with doctors, district nurses and other professionals to visit the service and support the people living at Wainford House.