

Barchester Healthcare Homes Limited

Wimborne

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wimborne is a care home providing accommodation and personal care to older people and people living with dementia. The service can support up to 52 people. At the time of the inspection 45 people were living at the service in one adapted building all on ground floor level.

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

People were protected from the risk of potential abuse and risks to people were assessed and planned for. People told us they felt safe, medicines were stored safely and there were enough staff to meet people's needs.

People were supported by caring and passionate staff in a spacious environment with a large accessible central courtyard and garden area.

The service was clean, tidy and furnished thoughtfully to a good standard.

The service had a positive person-centred culture. Both people and staff told us the registered manager was approachable, the service worked in partnership with others and engaged people and staff. The service was displaying its current rating as required and had sent us notifications when necessary.

There was a wide variety of activities to engage people in.

Links had been developed to ensure the service was an active part of the local community.

People enjoyed the food provided by the service. There was a positive staff culture, and this reflected in a happy and friendly atmosphere.

People were supported with their health conditions and we received consistent positive feedback from health and social care professionals about the quality of care provided.

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.

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

Rating at last inspection

The last rating for this service was Good. Last report published (1st March 2017)

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wimborne

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 completed by two inspectors.

Service and service type

Wimborne is a 'care home' People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day was unannounced which meant the service did not know we were coming. The second day was announced.

What we did before the inspection

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

During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with eleven members of staff including the area director, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and 11 medicine records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- All the staff we spoke with understood their responsibilities to keep people safe and to protect them from harm. When safeguarding concerns were identified, the registered manager informed the relevant agencies.
- There was an open and transparent culture that encouraged people to raise any safeguarding concerns.
- Policies and procedures for safeguarding and whistleblowing were up-to-date and operated effectively.
- People who used the service told us they felt safe. Comments included, "this is alright here, I couldn't better it," and, "I feel comfortable and safe, staff are always around to keep us safe."

Assessing risk, safety monitoring and management

- Staff within the home knew people well and were skilled in identify risk. Known and newly emerging risks to people had been assessed and actions had been taken to reduce the identified risks. For example, some rooms had trip hazards into the garden through the patio doors, this had been risk assessed for each person, measures had been put in place to mitigate the risk with the provision of window restrictors where appropriate.
- Accidents, incidents and untoward events were closely monitored within the home and regular audits were undertaken to capture re-occurring themes. Staff completed an incident form when an incident occurred which was reviewed by the registered manager. Risk assessments within people's support plans were also updated in response to a particular event.
- The service had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Maintenance and testing of equipment had been kept up-to-date including those to ensure the safety of gas appliances, electrics, fire safety systems.

Staffing and recruitment

- The service had sufficient numbers of staff to meet people's needs.
- When required, the staffing compliment was used flexibly and utilised to support people when there was an unexpected change.
- Feedback from people, relatives and staff confirmed there were appropriate numbers of staff on duty to meet people's needs promptly.
- Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Systems for the safe management of medicines were operated effectively, including for controlled drugs.
- Medicines were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The service was visibly clean throughout. Staff understood their individual and collective responsibilities towards infection prevention and control. This was underpinned by policies, procedures and completion of regular audits.
- Staff followed good infection control prevention and control practices; they used personal protective equipment to help prevent the spread of infections. There was a system in place that followed infection control guidelines for example, staff used a colour coded system when cleaning meaning equipment was used to clean specific areas. Staff were aware of what measures to take to ensure people and the environment were infection free.

Learning lessons when things go wrong

- Lessons learnt, and outcomes were disseminated throughout the team via staff meetings and handovers to promote shared learning.
- Accidents and incidents were thoroughly reported. The actions taken at the time and afterwards to prevent the likelihood of reoccurrence were recorded.
- The service was open and honest when things had gone wrong. A health and social care professional said, "Where incidents have occurred it is clear that there is an open policy to managing these and learning from them."

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's protected characteristics under the Equalities Act 2010 were identified and respected. This included people's needs in relation to their culture, religion and gender preference of carer, which was recorded in people's care plans.
- A relative commented, "My family member gets a good choice in everything, nothing is ever done without my relative agreeing to it, for example if [Name of person] wants to stay in bed, stay in bed is what happens, she does not like personal care being carried out by a man, so this never happens."

Staff support: induction, training, skills and experience

- Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to their role. Training staff had received included, moving and handling, infection control, medication, challenging behaviour and person-centred care.
- The provider had a training matrix in place which demonstrated that training had been completed. We saw from the matrix the registered manager had booked refresher training for staff whose training was due to expire.
- Staff were effective in their roles and sought good outcomes for the people they supported. The provider had a range of in-house training this was delivered in line with the needs of people and developments in best practice.
- There was an operational structure in place to support delivery of supervision. Supervision meetings provided staff with the opportunity to discuss with senior staff any worries or concerns they may have and any training and development they may wish to undertake. Staff also participated in an annual performance appraisal.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were mostly detailed in their support plans and all the staff we spoke with demonstrated a good working knowledge of the dietary needs of the people they supported. However, there was some confusion about a speech and language therapy assessment the report did not clearly identify what stage fluids should be thickened. This was rectified promptly by the registered manager.
- The mealtime experience was positive. Throughout the morning people were offered breakfast when they got up. Lunch time service was a relaxed and sociable experience. People could choose from a menu and alternative choices were provided if people did not like what was on offer that day, music was playing in the back ground we heard staff asking what kind of music they would like played, they chose jazz, we heard one person say, "brilliant choice."
- People were offered a selection of drinks throughout the meal time such as juices, hot drinks and sherry.

- Pureed food was nicely presented to people who required a special diet.

Staff working with other agencies to provide consistent, effective, timely care

- The home had developed positive working relationships with other agencies and professionals. We received positive feedback from health and social care professionals about the care and proactive approach taken by the home.
- A health and social care professional said, "Any advice that I have suggested has always been followed through by the team and they have ensured that adequate information is shared to reassess the situation."
- The catering team worked alongside other professionals. A staff member said, "The hospitality manager is in the home today training staff in pureed food and textures."

Adapting service, design, decoration to meet people's needs

- The home was decorated to ensure it was homely and welcoming to people. A health and social care professional said, "The quality of the environment is very good."
- The registered manager told us that the home was to be refurbished in the near future to make the home more dementia friendly.
- People had personalised their rooms with ornaments, pictures and items. One person's family had arranged for the person's naval uniform to be made into a chair covering which sat in the corner of the person's room, the person showed us this during the inspection and was very proud of the chair.
- There was a safe and secure garden and central courtyard which was accessible from different parts of the service. We observed people and their visitors enjoying this space. A health and social care professional said, "The garden is used for activities during the summer," we saw people engaged in a miniature golf game during the inspection.
- The garden had seating, shaded areas and raised flowerbeds. We observed people independently walking around the garden paths.
- One person had an interest in gardening and staff told us about how they had provided raised beds in the garden, so the person could grow vegetables and look after them, the person also looked after the central courtyard and kept it tidy.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare or additional services which may benefit their physical or mental health. Records were kept, and actions taken as directed.
- The registered manager said, "They have a good relationship with the local GP who visits regularly and provides good continuity of medical care."

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff were aware of the principles underpinning the MCA. Staff had received relevant training and demonstrated a good working knowledge of capacity, what constituted a deprivation of a person's liberty

and best interest process. The policies and systems in the service supported this practice.

- People were supported to have maximum choice and control of their lives and staff supported people in the least restrictive way possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind, caring and respectful. One relative said, "The staff, every one of them is wonderful, kind and caring, nothing is too much trouble for them, I can't complain about anyone at all, they are all so nice and respectful." A health and social care professional said, "Staff are very approachable and conscientious."
- Staff knew people well and had developed positive relationships. One person said, "Everything is okay here, I am looked after really well, when I first came here I did not like it, but the staff helped and supported me to settle in and now I love it here." A health and social care professional said, "The staff are committed and engaged."
- We made observations using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not speak with us. This demonstrated staff interactions were positive, sensitive and personalised. Staff were alert to changes in how people were feeling and were quick to respond.
- The staff ensured the atmosphere was happy, friendly and calm. A relative said, "The staff are very kind and compassionate, they are all really nice people, who do a difficult job well, everyone is so very supportive. From the time you arrive in the home you are welcomed by smiling happy people."

Supporting people to express their views and be involved in making decisions about their care

- The home's ethos and vision and values promoted people's rights to make choices and live fulfilled and valued lives. The registered manager and staff had been instrumental in supporting people by providing information and explanations and ensuring their voice was heard.
- The registered manager facilitated one-to-one and group meetings with people in order to capture their views and feelings about their experiences in using the service. Following feedback from people, the findings would be shared with managers and an action plan developed. We saw in communal areas a 'you said – we did' notice board which evidenced some of the recent actions that had been taken as a result of feedback.
- Through talking to staff and looking at support records, we saw how the home had been supporting people to express their views and be involved in decisions about their own health care.

Respecting and promoting people's privacy, dignity and independence

- Care plans described how to maintain people's privacy and dignity whilst undertaking personal care. A staff member said, "You make sure doors are shut, you knock on the door. Make sure people are covered up, close the bathroom door and be polite." We observed staff supporting people in a dignified way.
- People could receive visitors when they wished. We observed visitors spending time with their family and

friends in different areas of the home. A relative said, "I come and visit every day except one day a week."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The assessment process was thorough to support people's transition to Wimborne. The holistic assessment checked people's needs could be met by the service and their preferences for care were known.
- Care plans were detailed and contained information which was specific to people's individual needs, the routines they liked and those important to them.
- Clear guidance for staff was recorded to ensure people were supported in the way they preferred.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in large print. Picture cards were used where appropriate. If people were watching television sub titles were put on if required and at an appropriate volume.

Supporting people to develop and maintain relationships to avoid social isolation

- People were supported in activities of their choice and which were of personal interest to them. Regular activities were held such as gardening, scrabble and knitting, cooking, quizzes.
- One person said, "I particularly like the singing and the exercises." Another person said, "I spend my days how I want. I really like going out with my family. I always go when people have been brought in to entertain us. Since coming here, I am a new person, never bored, I am really happy and content here."
- The activity coordinators were creative and passionate about their work. We observed an activity staff member engage people in an activity in a skilful, fun and personalised way. A health and social care professional said, "I have seen some lovely practice."
- We saw people's wishes were listened to and acted upon by staff, one person's wish was to sing with Elvis Presley, this was not possible, so staff arranged an Elvis tribute night with karaoke singing, we saw pictures from the night showing the person participating in the singing dressed as Elvis and enjoying themselves.
- Staff told us about a person who liked riding on trains but could not really remember the experience. Staff asked the person if they would like to visit the watercress line, staff informed the company prior to the visit and the person was shown around the station and had a ride on the train. On return to the home staff said, "the person was so animated and continually talked about the day out, the person told staff they had been treated like royalty, it was a day he would never forget. Feedback from the family said, "What a wonderful thing to do for her relative."
- People were encouraged to engage in meaningful tasks of their choice. For example, one person enjoyed

gardening, another person was sitting in their room knitting they said, "I like to knit, I have knitted jumpers for the garden, a bed spread for my bed, staff help me if I get in a tangle."

Improving care quality in response to complaints or concerns

- Complaints and concerns were investigated, and actions taken to address the issues. One relative said, "I have raised complaints in the past, these were investigated by the home management, this was soon resolved, and the issues sorted out."
- The complaints procedure was available at the service. People and relatives were encouraged to raise any issues to enable them to be addressed.

End of life care and support

- The 'whole service' approach to holistic care and support was reflected in their approach to end of life care. Support planning documentation captured people's future wishes, including advanced decisions.
- When a person was nearing the end of life, the service strived to ensure their individual needs could be met to ensure they remained at 'home' within the service, to be cared for by people who knew them well. To enable this, timely referrals had been made to community health care professionals so plans could be put in place.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider had developed a positive staff culture. Staff said they worked well as a team. A staff member said, "Being part of a team is rewarding." Another staff member said, "It is friendly and upbeat, a positive environment."
- Staff, people and relatives spoke positively about the registered manager and deputy manager. One person said, "The manager is very nice, I see them all of the time." A relative said, "The manager is very friendly and approachable."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.
- The management team knew how to share information with relevant parties, when appropriate.
- The registered manager understood their role in terms of regulatory requirements. For example, the provider notified CQC of events, such as safeguarding's and serious incidents as required by law.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened. One person told us, "The staff are all committed and it all seems to run very well."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were knowledgeable and enthusiastic about their working roles. All staff had a clear understanding of their job roles and how to provide safe, responsive and effective care. One staff member told us, "We have a regular supervision where we discuss quality performance and how we can improve our practise, but we also work with what people want."
- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive up improvements. We saw these were regularly completed and reviewed.
- A stable management team had provided consistency. A health and social care professionals commented, "They have a stable leadership and I think this is paying dividends." A staff member said, "The management are so passionate about everything."
- Systems were in place to monitor, review and improve the quality of the service. A health and social care

professional said, "Since the last inspection I have seen improvement in the service provided."

- Notifications of important events were submitted to CQC as required.
- The provider had displayed their Care Quality Commission (CQC) assessment rating at the service and on their website.

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

- People were listened to. Daily walk around by the General Manager or nominated senior member of staff enabled conversations with people and we saw staff spending time relaxing and talking to people. People were also asked their opinion through frequent surveys.
- Staff were involved and respected for their contribution. Employee of the month encouraged staff to achieve their best. Staff meetings and one to one meeting enabled staff to feedback and raise suggestions.
- One staff member told us they had been given a "Champion" role. They said this had made them feel valued and gave them greater insight to be able to support people. Champion roles meant staff had skills, training and knowledge in certain areas and would be a resource to staff and people in that particular area.
- Feedback was sought from people and relatives. One person said, "I do attend the resident's meetings, I can have my say you know. I would describe this place as a happy place to live"

Continuous learning and improving care

- Staff and department meetings were regularly held to ensure information was shared and areas for improvement reviewed.
- A health care professional said, "I have felt the home have been willing listeners and receptive to any suggestions for improvement. They have also proactively approached me for input into any concerns or queries."

Working in partnership with others

- The service had links with scout groups, primary schools and dementia networks. Workshops and social events were held. Older people living in the community were invited to the service for refreshments and to socialise.
- People received safe and coordinated care. The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as GPs, district nurses and other health professionals. This helped to ensure a multi-disciplinary approach had been taken to support care provision for people they provided a service for.