

Wordsworth House Limited

Wordsworth House Care Home

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:

Wordsworth House Care Home is a care home without nursing registered to provide accommodation and personal care for up to 51 older people. At the time of our inspection 41 people were living in the 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.

People's experience of using this service:

People told us they felt safe, they were relaxed and familiar with the staff and each other. People were cared for by a consistent staff team who had received appropriate training to carry out their roles. Staff spoke knowledgeably about the systems in place to safeguard people from potential abuse.

The service was working within the principles of the Mental Capacity Act 2005. However, we have made a recommendation regarding the management of people's Deprivation of Liberty Safeguards conditions.

People's dietary needs and preferences were assessed and where needed, people received support to eat and drink. Meal times were an important social event in the day for those who chose to eat together. People enjoyed their meals, one person told us, "The food here is really good."

People's medicines were managed safely, stored securely and administered by trained staff. People received assistance to take their medicines as prescribed and were supported to access health care services.

People received care from staff that knew them well and treated them with kindness, compassion, respect and dignity. People received care that was tailored to their individual needs and maintained their independence as much as possible. Care plans were comprehensive, person centred, respectful, and reviewed regularly to ensure they reflected people's needs.

Staff received regular supervision and annual appraisals to ensure they were fully supported in their role. There was a robust training programme that staff felt was effective and well delivered.

The service had a full and varied activity programme for people to enjoy if they wished. Activities included outings to places of interest, towns as well as indoor activities and supporting people to take part in activities on a one to one basis to prevent social isolation.

People and their relatives knew how to complain and were confident their views would be heard.

No people were receiving end of life care at the time of our inspection visit. Staff spoke knowledgeably about

end of life care and were proud of the care they provided to people at this time of their lives.

There was a system of audits and spot checks in place to ensure the service received ongoing monitoring to review the quality of the service provided.

People, relatives, staff and health professionals expressed confidence in the management team and felt the service had a clear management structure and an open and supportive culture.

More information is in our detailed findings below.

Rating at last inspection:

The previous inspection was comprehensive. The overall rating was Good (report published in November 2016).

Why we inspected:

This was a planned inspection based on the rating from the last inspection. The service remained rated Good overall.

Follow up:

We will monitor information received about the service to inform the assessment of the risk profile of the service and to ensure the next planned inspection is scheduled accordingly.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

Details are in our Safe findings below

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Wordsworth House 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

On the first day of the inspection the inspection team consisted of one CQC Inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day of the inspection the inspection team consisted of one CQC Inspector.

Service and service type:

Wordsworth House Care Home 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 registered manager in post. A registered manager is a person who has 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 inspection was unannounced.

What we did:

Before the inspection we reviewed information we held about the service and the service provider. This

included information about incidents the provider had notified us of and contacting health professionals for their views on the service. We also looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law.

During the inspection we spoke with 19 people who used the service, four visiting relatives and a visiting health professional, to ask about their experience of the care provided. We spoke with 13 members of staff which included, the registered manager, the deputy manager, the business manager, activities staff, care workers and housekeeping staff. Immediately following the inspection, we received feedback from a further two health professionals. During our inspection we also observed care practices and the interaction between staff and people.

We reviewed a range of records that included four people's support and care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, staff recruitment records, staff supervision and training records, premises maintenance records, accident and incident records, meeting minutes and a range of the providers audits, policies and procedures.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with comments such as, "I kept falling over at home so the hospital found this place for me. I feel safe here as there's someone around to help me" and, "My friend found this place for me; I couldn't manage on my own and I feel safe in here knowing there's always someone around to help me." When asked if they felt safe living at Wordsworth House Care Home one person replied, "Oh yes I feel safe here. I couldn't manage without help." Relatives shared people's views and commented they had peace of mind and felt their relatives were safe living at Wordsworth House Care Home.
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for making people safe and reporting concerns. Written guidance, with contact details of external agencies was available and staff knew how to access it.

Assessing risk, safety monitoring and management

- Risk assessments and management plans were in place. These included risks associated with health conditions, falls, skin condition and mobility.
- Risk assessment and management plans set out the support people needed to reduce the risks identified. They were detailed, personalised and guided staff to support people safely whilst still maintaining their independence.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other emergency incident.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
- Regular water systems checks were completed to reduce the risk of legionella. Risk assessments showed the home was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- People, relatives and staff told us staffing levels were sufficient to meet people's needs. One person told us, "I press the bell and they come straight away." We observed staff spent time talking with people, ensuring they had everything they needed and were comfortable. Another person said, "I came in here because my previous home couldn't offer night time care which I now need... I just have to ring my bell and someone comes up to help me."
- Support was provided by a consistent team of staff who were familiar with people's needs and knew how people preferred their care and support to be given.
- Recruitment records showed staff were recruited safely. Robust procedures were in place to ensure the

required checks were carried out on staff before they commenced their employment. This ensured staff were suitable to work with people in a care setting.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that they preferred.
- Medicines were safely obtained, stored, recorded, administered and disposed of. Monitoring systems were in place for medicines that required cool storage and records showed stock levels of medicines were correct.
- Where people were prescribed medicines that they only needed to take occasionally, for example, 'PRN' as required medicines. Guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
- Medicine Administration Records (MARs) contained the detail necessary for safe administration.
- Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.
- Regular medicine management audits were completed to address any issues in medicine administration.

Preventing and controlling infection

- Measures were in place to prevent and control infection. Staff had received training and used gloves and aprons when needed.
- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- The home was clean and free from odours. Cleaning schedules were in place and formed part of the daily and weekly duties for staff. Relatives commented on how clean the home was kept.

Learning lessons when things go wrong

- There was a clear procedure in place for reporting and recording accidents and incidents.
- The manager reviewed and analysed information to identify trends and themes with-in the home. Appropriate actions were taken to help reduce future recurrences and professional input was sought as appropriate.
- The registered manager told us of an example of appropriate action that had recently been taken. They told us staff had found they were being disturbed when they were administering medicine to people, which could pose a risk of medicine errors. The registered manager had ordered red 'Do Not Disturb Tabards' for staff to wear when they were completing their medicine rounds. Wearing the tabards reminded staff not to disturb staff whilst administering medicines to people which had resulted in a reduction in the risk of medicine errors.

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.

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to care and treatment.

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 met.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- Where there were restrictions on people's liberty, applications had been made and were being processed by the local authority.
- Where DoLS had been authorised, these were monitored, however one person had not had their conditions clearly recorded in their care plans.

We recommend any conditions relating to people's DoLS are adhered to, actions clearly recorded and acted upon.

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

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. People were asked about their lives and how they wanted to receive care.
- Assessment and screening tools were regularly used and reviewed to monitor whether people continued to receive effective care.
- Assessments were unique to each person and contained personalised information and guidance that reflected people's preferences and wishes.

Staff support: induction, training, skills and experience

- People told us their needs were met and that staff were well trained and knew how people preferred their care and support to be given.
- Staff told us they felt well supported with supervision and training. One member of staff told us, "The training is really very good. It has much improved and I've found it all very useful and beneficial. The fire training is very good and all training is organised well and scheduled a month in advance, it's all good." Another member of staff said, "I have found the training to be very, very interesting. I have completed specialised dementia and challenging behaviour training and it was very well delivered. I learnt a lot and I can now pass it on to other staff."
- Staff received an induction into the service when they started working at the home and newly recruited staff completed The Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.
- Staff were supported with regular supervision and annual appraisals which they told us were helpful and supportive. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning.

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

- People received a healthy and nutritious diet. Feedback from people and visitors to the home was positive and included, "I had a huge cooked breakfast and then a bowl of cereals, so no lunch for me today. The food here is really good" and, "I'm just waiting for my lunch. I'm hungry...the food is good here." We spoke to the same person after they had finished their meal and they told us, "I've cleared my plate clean, it was delicious." Another person told us, "I go downstairs for my main meals...The food is good. They offered fish and chips on Friday, but I didn't fancy the fish, so they made me two fried eggs especially, I could dip my chips in the yoke...lovely! They will do something special if you don't like the choices."
- People were supported to eat in the place of their choosing. Staff prompted and encouraged people discreetly and provided assistance when it was needed. Meal times were a social occasion with gentle background music playing and people seated with friends if they wished, so they could enjoy their meals together.
- People were supported to receive appropriate nutrition and appropriate support was given to people to ensure they could eat and drink as independently as possible. Care plans gave clear guidance about any specific support people may need. For example, adaptive cutlery and crockery were used which helped people to continue to eat independently which was important for their sense of well-being.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

Supporting people to live healthier lives, access health care services and support. Staff working with other agencies to provide consistent, effective, timely care.

- There were effective systems in place to monitor people's on-going health needs. A range of health professionals were involved in assessing, planning, implementing and evaluating people's care and treatment to ensure they received the right healthcare.
- People were supported to have their healthcare needs met, and access healthcare professionals when required. Staff spoke knowledgeably about people's health needs and recognised the importance of being pro-active in seeking guidance and support from health professionals. Records showed timely and appropriate referrals were made to a range of healthcare professionals. These included dietitians, occupational therapists, speech and language therapists, opticians, GP's and chiropodists.

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

- People's bedrooms were highly personalised and included items and belongings that were of comfort to them. The home had an ongoing schedule of refurbishment and decoration that was completed each month.
- Shared communal areas, were bright and free from clutter to ensure people could mobilise effectively throughout the premises.
- The premises had adaptations to ensure people with restricted mobility could be cared for safely. These included, lifts, overhead hoists, bath lifts, stand aids, hand rails and grip rails. The provider employed maintenance staff who managed the day to day maintenance of the building.□
- The home had a room known as the memory room which included a large variety of items of interest and memorabilia that people living in the home would remember from their childhood and adult hood. Staff told us people enjoyed spending time in the room which helped lift their mood if they were feeling upset or anxious.

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.

Good: 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 spoke positively about how staff cared and supported them, they described staff as, "lovely", "kind", "thoughtful", "very nice" and "caring". One person told us, "The carers are really nice, they take care of me. I get on well with them, I've got nicknames for them all." Another person said, "I've only been here a few days but the carers have been very nice and caring to me." A visiting relative told us, "[Person] loves the carers and is very happy in themselves and is always smiling and happy."
- Throughout our inspection we observed people were comfortable with the staff that supported them. The staff were friendly, respectful and attentive to people's needs. It was clear that staff enjoyed their work, and a member of staff told us, "I do enjoy it, it's very different to what I did before. I enjoy working with people living with dementia so much...it's amazing. I love the concept of the home and how people are treated. It's very rewarding, the people are wonderful, I love it." Another member of staff said, "It's a very challenging and rewarding job, I love what I do...I thoroughly enjoy it."
- Staff supported people in a kind, calm and patient way. They responded to requests respectfully and followed them up immediately when they could.
- People's care and support records reflected how people wished their support to be given to meet their cultural and religious beliefs and staff respected their views. Support plans and records reflected the diverse needs of people using the service, including those related to disability, gender, ethnicity, faith and sexual orientation.

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

- Some people needed support to make some decisions about their personal care and where they spent the day. Staff understood which decisions people could make independently and respected these.
- Records showed people, family members, staff and health professionals were all involved in decisions regarding ongoing care and support. Relatives told us they were kept well informed at all times and felt fully involved in people's care and support.
- Staff knew people well and spoke knowledgably about their likes and dislikes and how they preferred their care and support to be given. Staff told us how they encouraged people to make decisions and determine how they spent their day. People were offered choices about where they spent their time and staff explained how they responded if people did not want support.

Respecting and promoting people's privacy, dignity and independence

- We observed staff promoted dignity in all their interactions with people; speaking respectfully and being attentive to people's wishes. Relatives and people told us that staff always treated them with dignity and respected their privacy at all times.

- One person told us, "The carers are lovely...I couldn't manage on my own and it was a difficult decision to come here, but it's the right thing, I'm happy here. I've got a nice room with doors onto the garden too."
- We observed two staff using the hoist to move one person from their wheelchair to a lounge chair. The moving routine was planned and carefully and patiently completed. After the person was settled comfortably in their chair they told staff, "Thank you for being careful, you are all very kind."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support plans were personalised and provided details of how to support people to meet their individual preferences and assessed needs. People told us that they received their care in ways that suited them and visiting relatives told us that they were confident in the care their relative received.
- One person told us, "The doctor and nurse have been to see me this morning for my injections...they walked me to my room...the home do take good care of me."
- One relative said, "They have always let me know if [person] has any health problems. They are really good at keeping everyone happy, safe and healthy."
- Staff knew people well and kept up to date with any changes through handovers, discussion with each other and updates on the computerised care record system.
- There were clear communication systems in the home. Staff told us communication was good with detailed handovers completed at the start of each shift.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people. People's methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.
- People were supported to take part in a wide range of activities to promote their independence and improve their sense of well-being. One member of staff told us, "Everyone is different and we on the activities team want to give them what they want, not what we want." Another member of staff told us, "We are currently working on an enrichment programme which will mean we can more accurately assess and provide activities and events suitable for those less able." The service was involved in running a pilot programme for people living with dementia. Staff told us the programme was making a real difference to the lives of people living with dementia. They told us they had seen a positive benefit to people's health and state of mind with some people becoming calmer and less agitated through engagement with the programme.
- Activities were scheduled each day and a clear programme displayed throughout the home and distributed to all people to ensure they can see what was running at what time. One person told us, "The girls are very nice indeed. I go downstairs to the lounge a lot and we do have some fun. Look at the pictures of me on my wall enjoying the activities we get up to." Another person said, "They took us out in wheelchairs into the garden the other day so we could see the sea. It was lovely...they're so thoughtful." A further person told us, "I love to read and knit, the carers help me when I drop a stitch."
- For people that preferred to spend time in their bedrooms, staff spent time with them supporting them to enjoy activities they liked such as reading, nail painting, reminiscing and arts and crafts.

Improving care quality in response to complaints or concerns

- People and relatives told us they felt comfortable to raise concerns and were happy to raise any concerns or queries straight away, this meant any issues were addressed as they arose and could be sorted out

quickly. The registered manager and staff had good relationships with people and their visitors. They actively and regularly engaged with people and their relatives and asked how they were.

- Where complaints had been made these had been addressed robustly and in accordance with the provider's complaints policy.
- One visiting relative told us, "If I had any problems at all I know who to go to. They always listen and things are sorted out quickly, no problem at all."

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- People and relatives were fully consulted and supported to make end of life plans to ensure they received person centred care and support in line with their wishes. Local palliative care and district nursing teams were also involved and consulted where appropriate.
- The staff team had received compliments from relatives about the support they provided at the end of their loved one's lives. One staff member told us they felt exceptionally proud of the care people and their relatives received from the staff during this time of their life.

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.

Good: 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

- Feedback from a health care professional stated, "They are exceptional in asking for help and communicating concerns about residents who come under the care of the Community Health Team." Another health care professional told us, "The care they give is very good, I have no concerns."
- The registered manager and the staff team had a strong commitment to learning and making improvements to the service people received.
- Relatives and people told us the staff were well managed and the staff listened to them and acted on their wishes.
- Staff were motivated, spoke positively about the management and felt well supported. It was clear they had good relationships with the manager. They told us, "I love this job, it's the best job I've ever done!" and "I love my job, if I get a smile from a resident, I go home satisfied that I've done my bit...we get good support from the managers too." A further member of staff said, "I've been here a few months now and I am thoroughly enjoying it...I love the residents here...I hope to do my NVQ soon."
- The registered manager told us about a variety of schemes they had put in place to benefit staff and people. These included; implementing staff champions roles in, Infection Control, Dignity, Health and Safety, End of Life and Moving and Handling. Staff incentive schemes included, refer a friend, implementing an overtime policy, employee of the month and a special recognition award for staff when they had gone over and above their role.
- People, relatives and staff told us they felt the home had an open, supportive and friendly culture and staff worked well as a team together for the benefit of people living at the home.
- The registered manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. Records showed us they fulfilled these obligations, where necessary, through contact with people and their relatives.

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

- There was a clear management structure in place. Staff spoke knowledgeably about their responsibilities within their role and told us they thoroughly enjoyed their jobs and supporting the people who lived at the home. Staff were confident in the quality of care and support they were able to offer people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- The provider had a whistleblowing policy and staff knew how to raise concerns if needed.
- Notifications to CQC as required by the regulations had been appropriately made.

- Policies and standard operating procedures were reviewed regularly and provided clear guidance and direction for staff.

Engaging and involving people using the service, the public and staff

- The management team actively encouraged communication amongst everyone who lived in, worked in, and visited the home.
- Surveys and meetings encouraged regular feedback and actions were taken based on people's comments.
- Staff felt valued and confident their views and feedback were listened to and acted upon.
- Regular resident, relative and staff meetings were held to keep people and staff up to date with changes and developments within the home. Meeting minutes were clear, detailed and made available for all. This ensured any person that had been unable to attend had sight of the discussions that had taken place.

Continuous learning and improving care and working in partnership with others

- A wide variety of audits were undertaken that included medicines, care plans, infection control and health and safety checks. These audits were used to form the basis of a cycle of continuous improvement within the home.
- The service worked collaboratively with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received from health care professionals had made positive impacts on the lives of the people who lived at the home. We received positive feedback from healthcare professionals that reflected confidence in the capability and commitment of the staff team.
- The registered manager told us they were a member of the Swanage Dementia Action Group and liaised closely with local community groups to raise awareness of how living with dementia affected people and their families.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.
- The registered manager met with external organisations that offered ongoing advice, guidance and training. They told us this provided valuable support and enabled them to share good practice with their peers.