Winterfell Care Home Limited

Winterfell Care Home

Inspection report

23-29 Herbert Road
Nottingham
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Date of inspection visit:
13 December 2019

Date of publication:
15 January 2020

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
Winterfell Care Home is a 41-bedded residential care home situated in a residential area of Nottingham. The home provides accommodation and personal care to older people and younger adults living with dementia, mental health needs, and/or physical disabilities. At the time of our inspection there were 27 people using the service.

People's experience of using this service and what we found
People were happy at the home. They felt safe and made many positive comments about the friendly and caring nature of the registered manager and staff.

People had personalised care plans telling staff how to keep them from harm and meet their needs. Staff knew people's likes, dislikes and preferences. People enjoyed daily activities and going out into the local community.

The home was well-staffed, and the staff well-trained and competent. Staff interacted with people in a kind and respectful way.

The premises were decorated and maintained to a high standard and were homely and comfortable, Facilities were good, with a range of lounges, a café-style dining room, and a well-equipped games room. All areas of the home were clean, tidy and fresh.

People's healthcare needs were met. Staff worked closely with local GPs, district nurses and other healthcare professionals to ensure they had the care and support they needed. The food provided was wholesome and multicultural and people said they enjoyed their meals.

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.

The home had an open and friendly atmosphere. The registered manager listened to people and staff and made improvements to the home based on their ideas. Audits were carried out to ensure the home was running well and providing good quality care and support

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

Rating at last inspection
This service was registered with us on 12 October 2018 and this is the first inspection.

Why we inspected

This was a planned first inspection of the home.

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.

Winterfell 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
One inspector carried out the inspection.

Service and service type
Winterfell Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 inspection was unannounced.

What we did before the inspection
We looked at the information we held about the service, which included the provider's statement of purpose and any notifications that the provider is required to send us by law. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

During the inspection
We spoke with five people using the service. We observed staff interactions with people. We spoke with the registered manager, assistant manager, two senior care workers, one care worker, and two activities co-ordinators.

We looked at records relating to all aspects of the home including staffing, medicines, accidents and incidents, and quality assurance. We also looked at two people's care records.

Good

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home. A person said, "I feel safe here because staff will help me if I fall." Another person told us, "The staff make sure I am safe and check up on me when I'm in my room at night."
- The provider had systems in place to safeguard people from abuse and staff followed local safeguarding protocols when required.
- Staff were trained to recognise abuse and protect people from the risk of harm. They knew how to report any concerns, following the provider's safeguarding or whistleblowing procedures.
- Safeguarding and whistleblowing was discussed at staff meetings to ensure staff were clear about their responsibilities to protect the people they supported.

Assessing risk, safety monitoring and management

- People said staff supported them to keep safe. For example, a person said they wanted to go the local shops, so staff went with them until they felt safe, and now they were able to go on their own.
- People had personalised care plans telling staff how to keep them from harm. For example, one person chose to stay seated for long periods of time, so their care plan instructed staff to ensure they used a pressure cushion and had regular tissue viability checks.
- One person's care plan for personal care needed improving so staff had clear instructions on how to support them if they became distressed. Staff told us they would leave the person and come back later, but their care plan said staff should 'deal with task at hand' before withdrawing. The registered manager said he would improve the wording of the care plan.
- Staff were trained in fire safety, health and safety, first aid, and the control of substance hazardous to health, and knew how to identify and report risk.
- Systems were in place to ensure equipment and utilities at the service, including moving and handling equipment, electrical installations, gas and water, were safe and properly maintained.

Staffing and recruitment

- The home was well-staffed. A person said, "There always staff around if you need them. There's staff to help you and staff to do things [activities] with."
- Staff responded promptly if people required assistance. They were present in communal areas of the home and regularly checked on people who were in their rooms to see if they needed anything.
- The provider followed safe recruitment practices. This meant checks were carried out to make sure potential staff were suitable and had the right character and experience for their roles.
- Staffing levels were based on the number of people in the home and their needs. The registered manager reviewed staffing levels daily to ensure there were enough staff on duty to care for people safely.

Using medicines safely

● People had their medicines when they needed them. A person said, "The staff do my medicines for me because I don't want the bother myself and I might forget to take them. They bring them to me when it's time."

● The registered manager and staff had made improvements to the medicines systems following a NHS audit prior to our inspection.

● All staff who administered medicines were trained to do so and had their competency checked.

● Medicines were safely stored and administered, with appropriate records kept. The home's contract pharmacists supplied people's medicines and provided staff with advice and support as necessary.

● People had personalised medicines care plans which told staff how best to administer their medicines. For example, one person's instructed staff to stay with the person while they took their medicines to ensure they had swallowed them.

Preventing and controlling infection

● All areas of the home were cleaned to a high-standard. A person said, "This home is very clean. They [staff] come and check my room every day and clean it if it needs cleaning." The provider employed designated housekeepers to keep the home clean.

● Staff were trained in food hygiene and infection control and used thorough handwashing and personal protective clothing to prevent the spread of infection.

● The home's kitchen had a '5-star' rating from the Food Standards Agency. The is the highest rating available and means the level of cleanliness was 'very good'.

● The provider had infection control policies and procedures in place and carried out audits to ensure the premises remained clean and tidy.

Learning lessons when things go wrong

● Incidents and accidents were recorded and reported, where necessary, to the appropriate authorities. The registered manager reviewed incident and accident data to identify any themes or trends.

● Lessons were learned when things went wrong. For example, after one person had a fall in their bedroom, the furniture was re-arranged to reduce the risk of this happening again.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 needs were assessed before they came to the home. A person said, "I saw this home being renovated and it looked really lovely so when it was open I came and looked round." The person said they were assessed and chose their room before moving in.
- Assessments were personalised and holistic, covering people's physical, mental, and social and cultural needs. They identified if people had any needs relating to equality and diversity so that staff could support them with these. People's oral health care needs were assessed and met.
- During the assessment process the registered manager, or other senior person carrying out the assessment, explained how the home implemented the MCA (Mental Capacity Act), and how complaints and safeguarding concerns were managed at the home. This meant the person, or their representative, understood how the home kept people safe and promoted a culture where people could speak out if they had any concerns.
- People's needs were continually reviewed, and care plans updated, to ensure staff continued to provide people with effective care and support.

Staff support: induction, training, skills and experience

- Staff had an induction and ongoing training to develop and refresh their skills and knowledge. Staff interacted well with the people, anticipated their needs, and provided skilled care and support.
- The provider used a matrix to monitor staff training requirements and ensure staff were up to date with their mandatory and specialist training courses.
- Staff were knowledgeable about people's needs and followed their care plans.
- Staff attended regular meetings, supervision sessions, and appraisals. This meant they had the opportunity to reflect on their work and discuss and share good practice.

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

- People were satisfied with the food served. A person said, "I like the food. I like chicken and fish and we get that here." Another person told us, "The food's OK. There's a good choice and I can usually find something on the menu I like. If not, staff make me something different."
- Lunch was served during our inspection. Meals were well-presented. The dining room was set out like a café and people sat at tables in small groups or on their own, depending on their preferences. The home's menus were planned in consultation with people and featured a good range of dishes including vegetarian options and curries.
- People had nutritional care plans setting out their dietary requirements. Staff monitored people's food and fluid intake where necessary to ensure their nutritional needs were met.

● Staff were trained in nutrition and hydration and in supporting people with swallowing difficulties. They referred people to dieticians and speech and language therapists if they had concerns about their nutrition.

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

● A range of healthcare professionals visited people at the home. These included including GPs, district nurses, opticians, chiropodists, dentists, and mental health specialists. People had care plans for their healthcare needs which staff followed.

● Staff were trained to recognise if people were in pain or otherwise unwell, and knew when to refer them to healthcare professionals. For example, staff arranged for the local falls team to assess a person who had fallen to try and ascertain why this had happened.

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

● People said they liked how the home looked. A person said, "I chose my bedroom and it's beautiful. It huge. I have a sitting area, a sleeping area, and an ensuite."

● The home was spacious and decorated and maintained to a high-standard. People had a choice of three lounges, a games room, a dining room, and a garden with seating areas. All areas of the home were wheelchair-accessible and there two passenger lifts

● People were encouraged to bring their own belongings to personalise their bedrooms if they wanted to.

● There were items of interest in the reception area including a vintage child's pedal car and a typewriter. Old photos of Nottingham were displayed in other areas of the home. These made the environment more interesting to people and stimulated conversation.

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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

● At the time of our inspection none of the people using the service were subject to a DoLS authorisation. People's mental capacity was assessed when they were admitted to the home and senior staff carried our further assessments as necessary.

● Staff were trained in the MCA and DoLS. They understood the importance of gaining people's consent before providing them with care and support, in order to comply with the MCA.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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 said the staff were caring and kind. A person told us, "The staff are helpful and friendly." Another person said, "There a happy atmosphere here. The staff are lovely."
- Staff valued the people they supported and took an interest in them. A staff member said, "The people here are like our family." Another staff member told us, "I like my job because I enjoy talking to the people who live here."
- Staff were knowledgeable about the people they supported and were patient and caring when they interacted with them.
- People had 'equality and diversity' care plans to ensure their cultural needs were met. Staff supported people to attend local places of worship, if they wanted to, and follow their own religions or beliefs.
- We observed caring interactions between staff and the people in the home. For example, a staff member supported a person to use the games room, taking time to show them all the facilities there and staying with them while they tried out some of the games.

Supporting people to express their views and be involved in making decisions about their care
- People had personalised care plans based on their likes, dislikes and choices. These included information about people's preferred getting up and going to bed times, mealtimes, and other routines.
- People were involved when their care plans were written and signed to say they agreed with them. Care plans were regularly updated and reviewed in consultation with people.

Respecting and promoting people's privacy, dignity and independence
- Staff respected people's privacy and dignity. They treated people respectfully, knocked on their bedroom doors before entering, and ensured people received discreet personal care.
- People had keys to their own rooms if this was risk assessed as safe. One person's care plan stated, 'I like my door to be locked and I have a key. I use a privacy sign on my door when I do not wish to be disturbed.'
- The home employed both male and female care workers and people had a choice as to who supported them with their personal care.
- Staff encouraged people to be independent and retain their skills. Care plans included information as to what people could do by themselves. People had become more independent since coming to the home .
- The provider had systems in place to protect people's confidential information.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 home's assessment and care planning process meant staff had the information they needed to support people in the way they wanted.
- Care plans took account of people's likes, dislikes and preferences. People's life histories were recorded so staff could get to know them and talk with them about their lives.
- People received personalised care and support that met their needs. Care workers recorded daily care and observations and reported any concerns to the person in charge. Care plans were regularly reviewed and updated if people's needs changed.

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.

- People's communication needs were identified when they first came to the home and met. For example, staff used an internet translation application to communicate with one person who did not have English as a first language. They were also supporting the person to improve their English which the person wanted to do.
- Written information about the home could be made available in large print or different languages on request.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider employed two part-time activities co-ordinators who arranged a program of group and individual activities for people. These included games in the home and trips out to places of interest using the home's own wheelchair-accessible transport.
- People had 'social interests and hobbies' care plans setting out what they liked to do. The home's well-equipped games room was popular, and we saw people using it during out inspection. A visiting tutor provided arts and crafts sessions at the home once a week.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. No formal complaints had been received since the home was registered. The registered manager said one person had made a verbal complaint and this had been addressed and the complainant reassured.

● People said they would tell staff if there was something they were unhappy about and were confident they would be listened to and improvements made.

End of life care and support

● If required, the home provided end of life care in conjunction with healthcare professionals and others involved in a person's care and support.

● People had the option of having end of life care plans. For example, staff had discussed funeral arrangements with one person and recorded their wishes.

Good

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

● People said they liked living at the home. They made many positive comments about the registered manager and the staff team. They said the premises, care, food and activities were all of a good standard.

● The registered manager knew all the people using the service well and spoke with them regularly to get their views on the care provided. A person said, "[Registered manager] is a very good person who treats us all well." Another person told us, "The [registered] manager is in charge and if you have a problem that's who you got to."

● The registered manager listened to people and acted on their suggestions. For example, at a residents' meeting in September 2019, people asked for games equipment including an arcade-style games machine and table football. When we inspected these items had been purchased and people were enjoying using them.

● People's well-being improved at the home. For example, one person who had initially been withdrawn, was now engaging with people and staff, playing pool and getting out and about. Another person, who said they had not felt safe until they came to the home, told us they getting their life back together in preparation for moving into their own accommodation.

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

● The registered manger understood their legal obligations including the conditions of their registration. Systems were in place for notifying the Care Quality Commission of serious incidents involving people using the service.

● Staff said the registered manager was approachable and could be contacted by phone if they were not in the home. A staff member, "If we have a problem we talk to the [registered] manager."

● Information on safeguarding, complaints, and residents' meetings were displayed on noticeboards, so people knew what to do if they needed to raise any issues or concerns. The registered manager reminded people at staff and residents' meetings that he had an open-door policy and they could come to him whenever they wanted.

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

● The registered manager and staff understood their roles at the home. Teamwork was central to their work and staff told us they trusted each other and the registered manager and were committed to working

together to provide good outcomes for people.

● At the time of our inspection the registered manager was implementing a comprehensive quality assurance audit system to ensure all areas of the home were running well and people were receiving good quality care. This was used to identify what was going well and what could be improved.

● The registered manager carried out an extensive environment and infection control audit in November 2019. The results were positive. The audit identified that one chair needed replacing due to having a ripped cover. The chair was removed, and a replacement ordered.

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

● Regular residents' meetings gave people the opportunity to comment on the home, make suggestions, and raise concerns. Minutes of the most recent meeting, held in December 2019, showed it was well-attended with 23 people taking part as well as the registered manager and assistant manager. People discussed the forthcoming holiday celebrations and chose the food and activities they wanted.

● The home carried out a residents'/relatives' questionnaire in November 2019. Twenty-one people and one relative took part. Results showed that most respondents rated the home as 'excellent' or 'good'.

● Staff had the opportunity to discuss and comment on the home during meetings, supervisions and appraisals. Meetings minutes showed staff were listened to. For example, staff asked for a table where they could sit during their breaks and the provider purchased this.

● Equality and diversity was discussed at staff meetings and the registered manager explained what was expected of the staff regarding diversity legislation and how they could apply this in practice at the home.

Continuous learning and improving care

● The home was in the process of introducing a 'resident of the day' quality audit. Records showed the selected resident would be reviewed by care staff, managers, kitchen staff and domestic and maintenance staff to ensure their needs were being met and their environment fit for purpose. 'Resident of the day' was due to commence in January 2020.

● Staff meetings were used to discuss and update staff on good practice. Minutes showed staff reflecting on their work, discussing feedback from people using the service and social workers, and looking at how care plans could be made more personalised.

Working in partnership with others

● Staff worked in partnership with other health and social care professionals sharing information and assessments where appropriate. Staff liaised with the local authority, safeguarding teams, clinical commissioning groups, and multidisciplinary teams to ensure people's care needs were met.

● The local authority visited the home in June 2019 to carry out a quality monitoring audit. Results showed that most outcomes were met and there were no immediate actions required.