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Wintofts Residential Home

Inspection report

Lendales Lane
Pickering
North Yorkshire
YO18 8ED

Tel: 01751475233

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20 February 2018
16 March 2018

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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?	Requires Improvement

Summary of findings

Overall summary

Inspection site activity started on 20 February 2018 and ended on 16 March 2018. At the time of our inspection, two people were using the service.

Wintofts Residential Home is a residential home for up to six people who have a learning disability. Accommodation is provided in one adapted building over two floors. This service 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.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service is not required to have a separate registered manager, because the registered provider is an individual who is registered with us. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of harm. Risk assessments were in place where required. Staff were able to describe action they would take if they suspected abuse was taking place. There was enough staff on duty to provide the support needed. However, contingency plans required further information and clarification to ensure appropriate support could be sourced in the event of staff sickness.

Medicines had been administered and stored safely. Staff had completed appropriate training to ensure they were competent within their roles.

People had access to food and drink and were provide with home cooked meals of their choosing. People were able to access to their own GP's and were supported to receive annual health checks. It was not always clear if relevant professionals had been consulted when people's mobility needs changed.

Positive caring relationships had been developed and it was clear the provider and staff were familiar with people's like dislikes and interests. Staff communicated well with people using their preferred communication techniques.

Care plans were person-centred and contained required information. Where possible relatives and advocates had been involved in the development of care plans.

A complaints procedure was in place and was available to people if needed. Relatives told us they were

confident any concerns would be addressed appropriately.

The provider was responsible for completing all care documents and ensured this task was completed each day. People were asked their views and wishes with regards to day to day activities. Informal discussions took place to ensure people were satisfied with the service provided.

We found that complete and accurate records had not been always been kept. The provider did not clearly record activities that had taken place and contingency plans were in place but did not contain enough information.

The provider was a member of the Independent Care Group and was able to seek advice and guidance when needed to ensure they followed best practice.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service has deteriorated to Requires Improvement.	**Requires Improvement**

Wintofts Residential Home

Detailed findings

Background to this inspection

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

Inspection site activity started on 20 February 2018 and finished on 16 March 2018. It included a site visit that was carried out by one adult social care inspector and an expert by experience and was announced. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service. The expert by experience who supported this inspection had extensive knowledge of caring for people with a learning disability. They observed interactions including the care and support provided.

Following the site visit we contacted a relative and the part time member of staff. We also sent a series of questions to the provider which they responded to.

As part of planning our inspection, we contacted Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group, which gathers and represents the views of the public about health and social care services in England. We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

The provider had not been asked to submit a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we reviewed a range of records. These included two people's care records containing care planning documentation and medicine records. We looked at staff files relating to supervision and training. We reviewed records relating to the management of the service and a wide variety of policies and procedures.

Good

Is the service safe?

Our findings

We were not able to gain people's views directly about their safety due to the complexity of their care needs and our unfamiliarity with their communication style. However, we observed people's body language and saw they were relaxed and happy in the home setting. People who resided at Wintofts Residential Home were unable to verbally communicate. We contacted a relative and three health care professionals who told us they felt people were safe and well cared for.

A safeguarding policy was in place. The provider and her husband had completed safeguarding training. However, this had been completed a number of years ago and the provider was in the process of sourcing refresher training.

Risks to people had been assessed and reviewed on a regular basis. Risk management plans were in place for areas such as scalding, moving around the building and community outings. Portable heaters were used around the service and although most of them were stored safely behind fire guards, one had been placed in the large sitting area with no protection. We asked the provider to ensure appropriate risk assessments were in place.

There had been no new staff recruits for a number of years. The provider and her husband were supported by a part time member of staff who worked two mornings per week at the service. A recruitment policy was in place which the provider told us they would follow should they need to employ another member of staff.

People required support with their medicines and this was detailed within their care records. Since the last inspection, medicine administration records (MARs) had been introduced. We looked at a sample of these and could see they have been completed appropriately and contained the required information. At the last inspection we identified that not all staff had the appropriate medicines training. At this inspection we found relevant training had been completed. We discussed the importance of ensuring all staff were up to date with best practice guidance and ensuring medicines training was kept up to date.

As the service was provided by two people with only one additional member of staff we were concerned how people would be supported if the provider or their husband were ill. We looked to see what contingency plans were in place to cover staff illness. The provider had information of an agency that could offer staffing support in the event of an emergency. They also explained the part time member of staff would be available to work additional hours if needed.

Personal emergency evacuation plans were in place to provide important information to emergency services if needed. Safety certificates, for things such as gas and electric were in place. A recommendation had been made in November 2016 by the fire authority which stated that the fire risk assessment needed to be updated; we could see this had been actioned. Fire extinguishers and other fire prevention accessories were in place and serviced as required.

Good

Is the service effective?

Our findings

The small staff team were very experienced in providing care and support and had a good understanding of each person's needs and how to meet them. The staff were all permanent and most had worked at the service for a long time. This meant there was a consistent approach to care and support from a stable staff team who knew people well. A relative told us they thought the service was effective and that the provider had the appropriate skills required to provide good quality care and support. They told us, "I cannot fault them at all. I know [relative] is well cared for by competent people who have the required skills."

The provider and her husband had completed training they thought was relevant to their role; medicines, moving and handling and equality and diversity had been completed. The provider told us they were a member of the Independent Care Group so were able to keep up to date with current best practice guidance. The part time member of staff completed relevant training and there was evidence of this.

The provider supported staff informally rather than through structured supervision meetings. However, staff told us they felt supported by the provider and any concerns or areas they felt could be improved were listened to and acted upon.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider and staff understood their responsibilities in respect of MCA and DoLS procedures. There was evidence of best interest meetings taking place with relevant professional involvement. Care plans contained information around decision making and focused on what people could do rather than what they couldn't.

People were able to choose what they preferred to eat and drink. A weekly menu plan was in place but this could be changed if people chose an alternative. All meals were home cooked and prepared by the provider. One person enjoyed eating fresh fruit throughout the day and this was provided. Care plans contained details of where people preferred to eat their meals and any specific routines they liked to follow.

People were supported to maintain their health attending GPs, dentists, opticians and hospital appointments. People's weight was recorded monthly to ensure there were no concerns regarding weight loss and yearly health checks had been arranged with people's GP's.

The property is a farm house set in large grounds in a rural area. Access paths to the main building could present issues for people who struggled with mobility. We discussed this with the provider who told us, at present, both residents were able to enter and exit the building with support from staff and they had not identified any concerns regarding access.

Consideration had been given to people's ability and hand rails and a stair lift had been installed in the past

few years. However, it was not clear whether relevant professionals had been involved in assessment of such aids. The provider told us that a social worker had visited the service and looked at the facilities and did not identify any concerns. We have contacted the local authority to ask them to arrange for an occupational therapist to visit the service to ensure people have access to appropriate aids that may be needed.

Good

Is the service caring?

Our findings

Observation showed that people were well cared for by the provider and staff. We were unable to gain feedback from people but spent time observing interactions and people's body language which indicated they were happy, comfortable and relaxed in the environment.

It was clear that positive caring relationships had been developed. Both people had lived at the service for a number of years and the provider described the service as "a family that we couldn't imagine being without."

The provider and her husband were very familiar with people who used the service and able to communicate and respond in a way people could understand. One person was fiddling with a ball of wool. The provider explained they used to knit but due to their eye sight and abilities deteriorating they could no longer manage this activity. They told us the ball of wool allowed the person to relax and feel like they were still able to participate in this much loved activity.

We observed the service to be homely, with people relaxing in their favourite sitting chair, watching TV and chatting throughout the day. One person liked to move around the building, tidying up and sorting through drawers of clothes and this was accommodated without restrictions. The provider told us, "We have no rules here. We are very much a family and the two people are at the centre of that. If we have something planned and they don't want to do it, then they don't have to do it."

Throughout the inspection we found dignity, respect and choice was promoted. The two people had chosen to share a bedroom as this was something they had done for a number of years. We asked how personal care was managed to ensure people's dignity was maintained. In the bedroom there was a divide that could be used and people had access to two bathrooms to ensure personal care could be delivered in privacy.

The provider had access to information on available advocacy services. One person had an advocate in place and records showed they had been involved in care reviews and decision making where required. A relative told us, "[Provider] always contacts me with any issues or concerns. They never make any decisions without consulting me and [Person who used the service].

Good

Is the service responsive?

Our findings

The provider was familiar with people's care needs and communication methods and this was demonstrated throughout the inspection. Care plans contained person-centred information which focused on the person's abilities, likes, dislikes and preferences. They also contained details of how the person liked to spend their time and areas where they required support.

Activity records had not been completed to evidence what social activity, outings and stimulation people had been provided with. The provider had a daily diary for each person but this only contained basic comments such as 'at home today' with no other indication as to what activities took place.

We discussed the lack of recorded activities with the provider who told us they would ensure they kept a more accurate record. The provider was able to list the types of activities that people participated in such as outings to the seaside, local supermarket and puzzles. A relative we spoke with confirmed that people often went on outings and always seemed to be very stimulated. They said, [Person's name] is quite active and knows what she likes. She is always busy with something – puzzles, jigsaws, and tidying round. [Person] is very happy and content."

People's end of life wishes had been discussed and were recorded in their care records. They included what type of burial they wished to have and music they would like to be played. Care records also contained information regarding people who should be contacted during end of life care.

Given the uniqueness of the service, it would be difficult for the provider to provide specialist support during end of life care as the service does not have the facilities that would be required, for example, the ability to accommodate equipment that may be needed and relevant training. We contacted the local authority to ask what crisis plans were in place for the people who resided at Wintofts Residential Home to ensure they would continue to receive the care and support they needed when their health deteriorated. They told us crisis plans would be reviewed at the next planned care review meeting.

A complaints policy was in place and we looked at this during the inspection. We discussed the importance of ensuring policies and procedures, such as complaints were made available in accessible formats. Throughout the inspection we saw positive interactions which demonstrated that people were confident in approaching the provider. Feedback from a relative was positive and they were confident any concerns raised would be addressed by the provider. They told us, "I have never had to complain about anything but I know they would deal with it straight away if I did. I am very happy."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in January 2016 we found the service was well-led and awarded a rating of Good. At this inspection, we found that improvements were needed.

The service is not required to have a separate registered manager, because the registered provider is an individual who is registered with us. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found that complete and accurate records had not been always been kept.

The provider did not clearly record activities that had taken place. Records that were available contained brief statements such as 'at home today' or 'drive out.' We discussed this with the provider during the inspection who told us they would make improvements in this area.

Contingency plans were in place but did not contain enough information. For example, the provider had recorded that if there was an issue with staff sickness the part time member of staff would be available to work additional hours. The plan also stated that an agency could be called and would supply staff. However, the part time member of staff worked at another service and told us they would be unable to support during the day. However, they could offer overnight support. There was an agency leaflet which contained contact numbers but it was not clear if contact had been made with the agency to ensure they covered the Pickering area and could supply staff if needed.

We discussed these concerns with the funding local authority who told us they would work with the provider to ensure appropriate plans were in place.

The provider had no formal quality assurance processes in place as they and their husband were responsible for completing all records in respect of the care and services provided. They told us if they came across any concerns or areas that needed improving; they were responsible for ensuring this happened.

Due to the small team that worked at the service formal team meetings did not take place. However the provider told us they often had informal chats with staff and brief notes of these discussions were recorded. The part time member of staff we spoke with told us they were able to approach the provider at any time.

It was clear throughout the inspection that people felt confident in the care of the provider. The provider told us that they listened to the people and always responded appropriately.