Nellsar Limited

St Winifred's Dementia Residential 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

The inspection took place on 21 and 22 November 2018 and was unannounced.

St Winifred's is a 'care home' for up to 65 people supporting them with nursing needs and dementia. People in care homes receive accommodation and 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.

There were 48 people living at the service at the time of our inspection. The service was set in a large house that had been extended which was based in a residential area. The accommodation was spread over two floors each floor having two lounges.

There was a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

At the last inspection the service had an overall rating of 'Good'. This inspection report is written in a shorter format because our overall rating of the service has not changed.

At this inspection, we found the service remained 'Good'.

People continued to be protected from abuse. Staff understood how to identify and report concerns. Medicines were managed safely, and people received their medicines when they needed them. Risks were assessed and there were actions in place to minimise risk and keep people safe.

There continued to be sufficient numbers of staff who had the skills and knowledge they needed to support people living at the service. Staff were appropriately supervised and supported. New staff had been recruited safely and pre-employment checks were completed.

Peoples' care met their needs. Care plans continued to accurately reflect people's needs and included information on their religious and cultural needs. We observed that staff followed the guidance in people's care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice. Staff were aware of people's decisions and these were respected.

Staff continued to support people to maintain their health and wellbeing. People had access to healthcare services. People were supported to eat and drink safely with a variety of choice.

People were treated with respect, kindness and compassion. Their privacy was respected, and they were

supported to lead meaningful and dignified lives. People were supported to maintain their independence. There were systems in place to seek feedback from people to improve the service. People were encouraged to express their views and were listened to.

The building had been adapted to meet people's individual needs. People had been involved in the decoration for their room. Staff were aware of infection control and the appropriate actions had been taken to protect people.

The service was well-led. People knew the registered manager well. Staff told us that they were happy at the service and were proud to work there. The service was regularly checked to identify where improvements were needed, and actions were taken.

Incidents were recorded, investigated and acted upon. Lessons learnt were shared and trends were analysed. The service worked in partnership with other agencies. The registered manager was well informed about best practice and shared this learning thought the service.

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 remained safe.	**Good**
Is the service effective? The service remained effective.	**Good**
Is the service caring? The service remained caring.	**Good**
Is the service responsive? The service remained responsive.	**Good**
Is the service well-led? The service remained well-led.	**Good**

St Winifred's Dementia Residential Care 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 is 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.

This inspection took place on 21 and 22 November 2018, was unannounced and carried out by two inspectors 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.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection, we observed care in communal areas. 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 observed the care provided to people who were unable to verbally tell us about their experiences. We spoke with ten people, three relatives and two friends about their experience of the service. We spoke with the registered manager, the deputy manager, five care staff, and the cook. We also spoke with two activity co-ordinators, the maintenance person and a visiting health and social care professional.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, five staff record files, the staff training programme, the staff

rota and medicine records.

Good

Is the service safe?

Our findings

We observed that people were comfortable, relaxed at the service and with the staff who supported them. When we asked people if they felt safe they said or indicated yes. One person commented, "I'd rather be at home but if I've got to be anywhere I'm safe and happy to be here." Staff were available for people to talk to if they had any concerns and we observed that staff listened to people and paid attention to their needs. A relative told us, "Our main relief is that she is safe and we have no worries about her being here."

There continued to be policies and procedures in place to protect people from harm and abuse. Staff knew how to report safeguarding and how to blow the whistle. Staff were confident that the registered manager would act on concerns and the registered manager knew how to do so. There had been no safeguarding concerns since the last inspection.

Risks to people continued to be identified and assessed. There was clear guidance in people's care plans for staff to follow to lessen the risks to people. For example, one person was supported with their continence needs. Staff had the appropriate training and there was guidance on how to ensure that the person was not dehydrated or retaining fluid. There was also information on how to identify concerns such as possible infection or that the person may be in discomfort. We observed that staff followed the guidance that was in people's care plans.

Checks on the environment continued to be completed to ensure people were safe. The building had all the needed health and safety certificates and the certificates were all up-to-date. For example, the gas and electrics had been tested to ensure that they were safe. Staff carried out regular checks such as undertaking a fire alarm test every week. There was an evacuation plan in place for each person to ensure they could be safely evacuated in the event of an emergency.

There continued to be sufficient staff to meet people's needs safely and staff spent one to one time with people. The registered manager continued to ensure that staff were suitable to work with vulnerable people before they started, including carrying out the needed pre-employment checks. Appropriate checks were also carried out on any agency staff used.

People's medicines continued to be managed safely. Medicines were obtained, stored, administered and disposed of appropriately. We observed that procedures were followed. For example, medicine administration records were complete and accurate. The registered manager checked that medicines were stored at the right temperature to protect them from spoiling. Where people had been prescribed medicines on an 'as needed' basis, such as pain relief, there was guidance in place for staff to help them administer these safely.

Risks of infection continued to be minimised by health and safety control measures, such as infection control audits and the use of personal protective equipment. The water system had been tested to ensure that it was free from legionella. The food standards agency had rated the service as good, meaning that they had assessed the storage and preparation of food to be safe.

Incidents and accidents were recorded by staff and action was taken where needed. Trends were identified and analysed. For example, one person had fallen on more than one occasion. The service had sought support from an occupational therapist and had the appropriate equipment in place. Staff had identified ways to encourage the person to use their equipment to help prevent further falls.

Good

Is the service effective?

Our findings

The registered manager told us they would meet with any new person and invite them to spend time at the service before moving in so that they could meet the staff and the people who lived there. The assessment before the person moved in was being used to develop the care plan and address all areas of the person's needs including risks, personal care, cultural and social.

Staff were supported and had the skills they needed to be effective. Staff continued to complete the training they needed to effectively support people. Staff were positive about the training and told us if they had questions the registered manager was very supportive in ensuring that these were answered. New staff continued to complete an induction before working alone with people, this included reading policies and care plans, shadowing a more experienced member of staff. Staff had regular supervision and a yearly appraisal.

People were supported to eat and drink enough to maintain a balanced diet. People commented to us, "Food is quite good, if you don't like anything, the cook will make you something else, they make me egg and chips, which is my favourite" and "Gorgeous cakes in the afternoon, the homemade chocolate ginger cake is really good." A relative told us, "The food is good, she has a brilliant appetite. We have had some food issues but they were dealt with straight away." People told us they had choices of food at each meal time and a menu was brought round the day before to choose lunch and tea the next day. We observed lunch, which was a pleasant, sociable occasion, with people telling us they enjoyed their meal.. A choice of cold drinks was served. People were supported to eat independently by using adaptive equipment such as plate guards. Staff were on hand to support people as and when they needed. Specific diets were considered, for example, vegetarian meals and adaptations were made for people who were diabetic. The registered manager informed us how they would adapt menus for religious purposes or for any allergies.

Staff continued to support and promote people's health. For example, by supporting people to remain as physically active as possible. There was guidance for staff in people's care plans to help staff identify when someone was not well. We saw evidence that people had access to health care professionals when they needed it such as doctors, occupational therapists and district nurses.

The building was suitable for people's needs. People had their own bedrooms and access to adapted bathrooms. People's bedrooms were personalised and decorated in their taste. One person told us, "I did have a very narrow room but as soon as someone left they've given me a really nice room and have put all my pictures on the wall. They have put some shelves up and are going to put another shelf up for all my things."

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). Applications for DoLS had been made where appropriate. We checked whether the service was working within the principles of the MCA and found that they were.

Good

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. One person told us, "Staff always knock before they come into my room." We observed staff knock on people's doors and wait to be invited in and people were smartly dressed when they came to the communal lounge. Staff told us they respected people's privacy by leaving the room when they took telephone calls from loved ones, and giving them space to spend time with loved one's when they visited the service.

There was a relaxed atmosphere between people and staff, people responded to staff by smiling, laughing and chatting. Staff made sure that people could understand them, using pictures and cards when required. Staff knew people well and their preferences. Staff described how they supported people's wellbeing such as supporting them to continue their spiritual and cultural needs.

Relatives told us how staff had supported their loved one when their needs changed. Relatives commented, "She has been fine, improving and seems well settled"; "It is a great relief that she is looked after so well. Staff have made a real effort to get to know her"; "it is reassuring to know the level of care and attention the staff give."

People were encouraged to maintain their independence. Care plans detailed what people were able to do for themselves, for example during personal care, and staff told us they always encouraged people to be independent.

People's preferences and needs had been taken into consideration. Within people's care records there had been consideration to any additional support that might need to be made to ensure that people's rights under the Equality Act 2010 were fully respected. This was based on staff understanding who was important to the person, their life history, their cultural background, life choices and sexual orientation. An example of this was the registered manager establishing if people had cultural or ethnic beliefs that affected how they wanted their care to be provided.

People were supported to maintain relationships that were important to them, relatives and friends could visit when they wanted. People were supported when able to be part of planning their care, people signed their care plans to say they had been involved in the plans development. When people could not be involved, friends and relatives were involved to tell staff about people's choices and preferences. A relative told us, "They regularly update mum's care plan and we are always talked through it before we sign that we agree to the changes."

People's rooms had been personalised with pictures and photos, people told us their rooms were homely. People's confidential records were kept securely.

Good

Is the service responsive?

Our findings

People told us they felt the care and support they received was responsive to their needs and that they enjoyed the social events. Comments included "I usually join in with the activities." Relative told us, "My {loved one} has walked for the first time since she has been here today, they have been doing wonders she wasn't even feeding herself when she arrived, and she was hardly speaking but she is very chatty today."

Each person continued to have a care plan that contained details about individual choices and preferences such as when they liked to get up and go to bed, or favourite food types. Staff had guidance about specialist equipment people used such as chairs to enable them to sit up comfortably. Staff described what people's preferences were and how they were met, making sure people had as much choice and control as possible. Care plans clearly detailed people's cultural needs as well as their care and support needs. People's abilities were described, so that staff understood what people could do for themselves, such as washing their face or putting their hands in soapy water. Staff knew how to support people to maintain as many skills as possible. Care plans and people's health were reviewed monthly or more frequently if needed and changes were shared with the staff team.

People continued to be supported at the end of their lives. People were asked about their end of life wishes and these were recorded. People's preferences were used to develop people's end of life care plans, and there were details about how staff should support people to ensure their preferences were met. One relative told us, "We have spoken about end of life care and we have gone through it with the manager. They were very sensitive."

People's communication needs were met. The service was complying with the Accessible Information Standard (AIS). The AIS applies to people using the service who have information and communication needs relating to a disability, impairment or sensory loss.

People continued to be supported to take part in activities they enjoyed. Activities were arranged in the communal lounge or in people's rooms. People told us they enjoyed the visiting musical entertainers. During our inspection, people took part in a variety of group activities including craft, musical and bingo activities. The garden was decked with a raised garden in the centre. It was accessible from one of the lounges and we were told, was used extensively in better weather.

Complaints and concerns continued to be documented clearly, and used as an opportunity to improve the service. There was a complaints policy in place which set out the process for people to complain, and who they could contact if they were unhappy with the complaint outcome. The complaints process was visible in the service, and people and their relatives told us they knew how to raise concerns. Staff encouraged people to discuss any concerns or complaints during resident meetings. One person told us, "If I had a complaint I would be happy to talk to the manager." Whilst a relative commented, "If I had a real problem I'd go to the manager."

Good

Is the service well-led?

Our findings

People knew the registered manager well. The registered manager provided support to people and spent one to one time with them. We saw that people frequently talked to the registered manager and were open with them and the registered manager talked to people kindly and with respect.

During the inspection, the registered manager informed us that she was leaving to manage another service. However, they had arranged an informal evening where residents and relatives could meet the new registered person to help with the transition to new management. People told us, "The cheese and wine evening to meet the new manager was a really good idea, and I'm looking forward to it."

The registered manager and staff shared a clear set of values for the service; care, compassion, competence, communication, courage and commitment. The registered providers vision of family based values were shared with staff and could be seen during the inspection. Relatives knew who the management team were and were confident in approaching them with any problems if they had any. One relative told us, "The management staff are easily accessible."

Staff continued to feel supported by the registered manager. They spoke highly of the registered manager and the support they received from them. One member of staff told us, "I don't think I could have completed my NVQ Level 5 if it wasn't for such a supportive manager." There were regular staff meetings and hand over meetings between shifts. Staff told us that they were able to make suggestions and that their ideas were listened too.

Records were thorough and well organised as well as being complete and accurate. Regular audits to check the quality of the service continued to be completed. Audits included checks on medication, care plans, daily records, training, supervisions, fire safety and handover meetings. Where actions were needed we saw that these had been completed.

People's views continued to be listened to. People were asked to regularly feedback at monthly meetings on what changes they wanted at the service.

The registered manager was well informed about best practice and followed the latest guidance and best practice. Mental health professionals had praised the service for their approach with people that presented with challenging behaviour. The registered manager kept up to date and researched techniques and put them in to practice, therefore reducing the need for people requiring medication to calm them during anxious episodes. They continued to work closely with other health professionals such as occupational therapists and GP's.

The registered manager was aware of when notifications had to be sent to CQC. These notifications would tell us about any important events that had happened in the service. Notifications had been sent in to tell us about incidents that happened at the service. We used this information to monitor the service and to check how events had been handled. This demonstrated the registered manager understood their legal

obligations.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.