Care Quality Commission

Mrs Eileen Edith Alicia Brandi

Widecombe House

Inspection report

Barrington Road
Torquay
Devon
TQ1 2QJ
Tel: 01803 298692

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Ratings

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

Overall summary

Widecombe House was registered to provide care and accommodation for up to 18 people. People living at the service were older people who in most cases had some degree of memory loss or dementia.

This inspection took place on 5 February and 10 March 2015 and was unannounced. There were 16 people living at the home.

This was the first inspection following the re-registration of the service. Although the service had re-registered it was still run by the same family. There is no requirement for a manager to be registered at this service. However, the service does have a manager.

Prior to this inspection we had received some concerns about the level of care provided by the service. The concerns included there not being enough staff, people not receiving prompt medical attention and people's personal care needs not being met. We found no evidence to support any of the concerns. There were also concerns about medicine administration and we found some evidence to support this.

People's medicines were not always managed safely. Medication administration record (MAR) charts were not completed correctly. There were written procedures in place so staff would know when to administer medicines

that that been prescribed to be taken when needed. However, these procedures were not clear and in one case stated the medicine was to be given when the person became distressed. The procedure did not say how staff would recognise when the person was beginning to become distressed, or if distraction techniques should be used before the medicine was given. This meant people were at risk of being given the medicines inconsistently. Creams that had been prescribed and were in use did not have the date written on them when they had been opened. This meant people were at risk of using creams that were past their use by date.

Staff told us about the dementia care training they received and how this helped them care for people with dementia. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. When moving and transferring people staff used good techniques and reassured people while they were being moved.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and the deprivation of liberty safeguards. Staff told us that most people could make their own decisions about their care, but may not be able to consent to more significant decisions. People were asked for their consent before staff provided personal care. One person told us staff always asked if it was alright to help them and said "Oh yes, no problem with that". When staff thought people may not be able to make significant decisions an assessment of the person's capacity to make decisions had been undertaken. There has been a recent change to the interpretation of the deprivation of liberty safeguards and the manager told us they had made the appropriate applications to the local authority in order to comply with the changes.

People were protected from the risks of abuse because staff demonstrated a good knowledge of different types of abuse and knew how to report any suspicions. People were protected by robust recruitment procedures that minimised the risk of unsuitable people being employed.

Some people were at risk of falling or of choking and there was evidence that professional advice had been sought in order to minimise the risks. Staff were aware of people's risks and we heard how they monitored people in order to minimise their risks. Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and were aware of how to safely evacuate people from the building if this was needed. People's needs were met by ensuring there were sufficient staff on duty that had the skills and knowledge to meet their needs.

People were supported to receive a balanced diet with sufficient to eat and drink. They were offered plenty of snacks and drinks throughout the day. One person told us "meals are very good, plenty of choice". Care was taken to find out what people liked to eat. People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and district nurses. A member of the district nursing team told us staff always contacted them appropriately and followed any instructions they were given.

People and their visitors told us staff were very good and caring. All the interactions we saw between people and staff were positive. There was appropriate friendly banter between staff and people, with staff often sitting and chatting to people. Staff and people sang and danced and laughed throughout the inspection. One health care professional told us staff were "compassionate and caring, quick to respond to professional advice, and very good with more challenging people".

One person's first language was not English. Staff had produced a list of common sayings in the person's first language that they used to reassure the person if they began to become distressed. We saw the person smiling and laughing when staff acknowledged them in their first language.

Not everyone was able to verbally express their views. Those who could knew about their care plans and said the manager discussed it with them. Visitors told us that where their relatives could not express their views they had been involved in making decisions about their care. One relative told us they had gone through their relative's care plan when their needs had changed and were asked if they agreed with things. They told us they were "100% involved in everything". All visitors told us they were always kept updated about their relative's care. One relative told us they had been asked to stay for meals with their relative, as staff felt this may encourage the person to eat more. Another visitor said when their relative had been in hospital staff had visited to encourage them to eat.

Summary of findings

Visitors told us they could visit at any time and were always made welcome. All visitors said that they visited most days and one said they spent most of the afternoon and evening there every day.

People's privacy was respected and all personal care was provided in private. Staff recognised people's needs when people could not tell them what they needed and quickly responded to them. For example, people were discreetly offered the toilet when staff recognised this may be what people wanted.

Everyone we spoke with told us they had never had to raise any concerns about care. They were confident that if they did raise concerns they would be dealt with quickly by the manager. A complaints procedure, using symbols was displayed in the entrance porch.

The manager was very open and approachable. They had a clear vision for the home and staff told us this was to ensure the home was "people's home". It was clear people knew who the manager was, people greeted them in a warm and positive manner with plenty of laughter and smiles.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where improvements were needed action had been taken to improve matters. For example, an infection control audit from November 2014 had highlighted areas of the home that needed more cleaning. The manager had addressed the issues with the cleaner and the matters had been rectified.

All accidents and incidents which occurred were recorded and analysed. This helped staff identify any triggers that may help prevent further accidents and incidents.

Records were well maintained. A computerised care planning system was used and all staff had an individual password to maintain confidentiality.

Summary of findings

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 not completely safe. People's medicines were not always managed safely. People were protected from the risks of abuse. People were protected by robust recruitment procedures. Risks to people's health and welfare were well managed. People's needs were met by ensuring there were sufficient staff on duty.	**Requires Improvement**
Is the service effective? The service was effective. People benefited from staff that were trained and knowledgeable in how to care and support them. People were supported to access a range of healthcare services. People were supported to maintain a balanced diet. People were asked for their consent before staff provided personal care. People were supported by staff who displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards act, which had been put into practice	**Good**
Is the service caring? The service was caring. People's needs were met by kind and caring staff. People's privacy was respected and all personal care was provided in private. People and their relatives were supported to be involved in making decisions about their care.	**Good**
Is the service responsive? The service was responsive. People's care plans were comprehensive and reviewed regularly. Visitors told us they could visit at any time and were always made welcome. People were confident that if they raised concerns they would be dealt with quickly by the manager.	**Good**
Is the service well-led? The service was well led.	**Good**

Summary of findings

The manager was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained.

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Widecombe House

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 was planned to check 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.

This inspection took place on 5 February and 10 March 2015 and was unannounced. The inspection team consisted of two Adult Social Care (ASC) inspectors.

Before the inspection we gathered and reviewed information we held about the provider. This included information from previous inspections and notifications (about events and incidents in the home) sent to us by the provider.

During the inspection we spoke with three people using the service, four visiting relatives, four staff and the manager. We also spoke with three health and social care professionals and staff from the local authority who had commissioned some placements for people living at the home.

We observed the interaction between staff and people living at the home and reviewed a number of records. The records we looked at included people's care records, the provider's quality assurance system, accident and incident reports, staff records, records relating to medicine administration and staffing rotas.

Is the service safe?

Our findings

People's medicines were not always managed safely. For example, two doses of medicines which had been given, had not been recorded as given on the Medication Administration Record (MAR) charts. Also, two doses of painkillers prescribed to be taken when needed, had been given but not been recorded on the MAR chart. There were written procedures in place so that staff would know when to administer medicines that that been prescribed to be taken when needed. However, these procedures were not clear and in one case stated the medicine was to be given when the person became distressed. The procedure did not say how staff would recognise when the person was beginning to become distressed, or if diversion tactics should be used before the medicine was given. One staff member was able to describe exactly when the medicines would be given but this information was not recorded on the procedures. This meant people were at risk of being given the medicines inconsistently. Creams that had been prescribed and were in use did not have the date written on them when they had been opened. This meant people were at risk of using creams that were past their use by date.

Medicines were administered in a safe manner with staff ensuring people had taken the medicine before they left them. Medicines were stored in a locked trolley in a locked cupboard and staff locked the trolley each time they left it to give medicines to people. Before staff administered medicines they received appropriate training that was regularly updated.

People were protected from the risks of abuse. Staff demonstrated a good knowledge of different types of abuse. They told us how they would recognise abuse, and what they would do if they suspected abuse was occurring within the service. They said initially they would tell the manager, but knew they could also contact the police or the local care management teams. There was a list of contact numbers displayed in the office area. Staff had received training in safeguarding people. The manager was aware of their duty to report any allegations of abuse to the local authority safeguarding teams.

People were protected by robust recruitment procedures. The provider had a policy which ensured all employees were subject to the necessary checks which determined that they were suitable to work with vulnerable people. Three staff files contained all the required information including references and criminal records checks.

People told us they felt safe at the home, one person said "Yes I feel safe" and another said "Yes, yes I feel safe, sometimes the night staff apologise for running up and down outside my room, but I'm just happy to know they are there".

Risk assessments contained good details on how risks were managed. Moving and transferring and choking risk assessments were in place and had been updated when risks had changed. Staff were aware of people's risks and we heard how they monitored people in order to minimise their risks. One person told us staff never tried to stop them doing anything they wanted to do. They said this meant they fell over quite often because they liked to be independent, but that staff were always on hand to help them get up. Professional advice had been sought and equipment had been purchased so that the person could summon help quickly should they need to. Any accident and incidents that occurred within the home were analysed to see if there was a way to reduce the risk of them happening again.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as a fire.

Prior to this inspection we had received concerns that there were not enough staff on duty to meet people's needs. We saw no evidence to support this. Call bells were answered quickly and staff spent time talking with people and were on hand to provide support with care needs when required. People and staff told us they felt there were enough staff on duty. One person said "You only have to ask and the thing is there". Staff said they had time to spend with people on a one to one basis and not just when they were helping with personal care. A visitor told us they felt staffing levels were "always fine". Rotas showed that staffing levels were maintained at three care staff on duty at all times during the day. Two staff were awake at night. Supporting staff such as a cook and cleaner were on duty each morning and the manager was also available throughout the day.

Good

Is the service effective?

Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. Staff had received a variety of training including moving and transferring, dementia care and safeguarding adults. There was a system in place to identify when any training was due to be updated. Staff told us about the dementia care training they had received and how this helped them care for people with dementia. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. This showed us that staff knew how to care for people with dementia. When moving and transferring people staff used good techniques and reassured people while they were being moved.

Staff knew that shorter more individual interactions suited people living with dementia best. People were encouraged to sing and dance and walk freely around the home. Staff spent time chatting with individuals and encouraging them to help with tasks such as dusting.

Prior to this inspection we received concerns that people's personal care needs were not being met. We found no evidence to support this. All the people we saw were clean, tidy and smartly dressed. Staff we spoke with were knowledgeable about people's needs and told us what they did to meet people's needs. For example, staff described how they distracted one person when they began to become distressed. A relative told us they thought staff "do everything correctly" and said they "have created a unique home".

People told us staff knew how they liked things done. Visitors told us they felt staff had the skills and knowledge they needed. One visitor told us they visited regularly and had only ever seen staff deal with people in a skilful manner that ensured people's needs were met. Staff were able to tell us about how each person liked their needs to be met. One person told us "Oh the staff are all very good". Staff recognised people's needs when people could not tell them what they needed and quickly responded to them. For example, people were discreetly offered the toilet when staff recognised this may be what people wanted.

Staff received regular supervision, the manager told us they planned to improve the current system of supervision and appraisal to formally record sessions and make the supervision sessions more frequent. Staff felt well supported by the manager.

Staff had a clear understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who know the person well and other professionals, where relevant. Staff told us that most people could make their own decisions about their care, but may not be able to consent to more significant decisions, such as whether they wanted to take their medicines. Staff told us if they felt people did not fully understand the decision they were being asked to make, they would talk with families and doctors.

Where staff had thought people may not be able to make significant decisions an assessment of the person's capacity to make decision had been undertaken. If the person was assessed as not having the capacity to make the decision other people were involved to determine what decision would be in the person's best interest. This procedure had been followed where it had been decided that people needed to take specific medicines. However, no one currently received their medicines without their knowledge. This demonstrated staff understood the principles of the MCA and consulted relevant people, where appropriate, to make a decision in the person's best interests.

The MCA also introduced a number of laws to protect individuals who are, or may become, deprived of their liberty in a care home. The safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty appears to be unavoidable and in a person's own best interests. There has been a recent change to the interpretation of the deprivation of liberty safeguards and the manager told us they had made the appropriate applications to the local authority in order to comply with the changes.

Good

Is the service effective?

People were asked for their consent before staff provided personal care. One person told us staff always asked if it was alright to help them and said "Oh yes, no problem with that". Another person told us "They [staff] always ask me what I want".

People were supported to receive a balanced diet with sufficient to eat and drink. People were offered plenty of snacks and drinks through the day. One person told us "meals are very good, plenty of choice". Care was taken to find out what people liked to eat. Menus were drawn up containing these preferences, and alternatives were available if people didn't like what was on the menu. Special diets were provided as needed or requested. For example, low sugar and vegetarian diets were available. Advice had been sought from a dietician as one person who needed a low sugar diet wanted to eat sugary items. The advice was that the person should be able to eat what they wished.

Prior to this inspection we had received concerns that people did not receive prompt medical attention. We found no evidence to support this.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and district nurses. A member of the district nursing team told us staff always contacted them appropriately and followed any instructions they were given. They said they had never had any cause for concern when visiting the service. They went on to tell us that care was taken to minimise the risks of pressure areas developing and appropriate equipment was used to prevent this. Advice had been sought from a specialist nurse about one person's medical condition and changes to the person's medicine had been made. One visitor told us how the manager had contacted the GP to discuss their relative's medicines as the manager thought it was making the person unwell. Investigations were on-going.

Some people displayed behaviours that challenged staff and other people. Staff told us how they managed these behaviours usually by distracting the person. When people started to become distressed staff spoke calmly with them about things they knew the person liked. Behaviour management plans were in place to ensure staff knew how to manage these situations.

Good

Is the service caring?

Our findings

People and their visitors told us staff were very good and caring and all the interactions we saw between people and staff were positive. There was appropriate friendly banter between staff and people living at the home, with staff often sitting and chatting to people. Staff and people sang and danced and laughed throughout the inspection. People said staff always spoke nicely to them and treated them with respect. A member of the district nursing team told us they had only ever seen staff always treating people with dignity and respect. Another health care professional told us staff were "compassionate and caring, quick to respond to professional advice, and very good with more challenging people".

One relative described the home as 'brilliant' and said "[the manager] tries especially hard to ensure the residents are comfortable, happy and well looked after". Another relative told us "They always have time for you, we have been very lucky".

Not everyone was able to verbally express their views. Those who could knew about their care plans and said the manager discussed it with them. Visitors told us that where their relatives could not express their views they had been involved in making decisions about their care. One relative told us they had gone through their relative's care plan when their needs had changed and were asked if they agreed with things. They told us they were "100% involved in everything". All visitors told us they were always kept updated about their relative's care.

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in private. However, one toilet on the ground floor did not have a lock on it. On the second day of our inspection the manager told us they were waiting for the carpenter to fit the lock.

Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Good

Is the service responsive?

Our findings

People's care plans were maintained and reviewed using a computer system which contained comprehensive assessments of the person's needs and detailed instructions for staff on how to meet the needs. For example, there was information that although one person did not like water, they also liked to be clean and tidy. The person was able to decide if they wanted a bath and there were instructions to staff on how to minimise the person's distress when they were in the bath. The plans were reviewed regularly and updated as people's needs changed.

One relative told us they had been asked to stay for meals with their relative, as staff felt this may encourage the person to eat more. Another visitor said when their relative had been in hospital staff had visited to encourage them to eat. One visitor told us staff had got their relative crumpets for breakfast as they didn't like toast. They also said that their relative had a box of chocolates that they couldn't eat, so the chef had made a chocolate mousse with them which the person could eat. The visitor went on to say "They [staff] make it very easy for you".

One person told us that the manager had taped their wireless call bell to their walking stick to make it easily accessible for them. Another told us "If ever I feel lonely staff will always come and sit with me". Another person said staff always had time to sit and chat with them and "they know what I like".

One person's first language was not English. Staff had produced a list of common sayings in the person's first language that they used to reassure the person if they began to become distressed. We saw the person smiling and laughing when staff acknowledged them in their first language.

People and their relatives told us they could join in with activities as they wished. As well as formal activity sessions such as visiting musicians there was much general social interaction. People walked freely around the home, chatting with staff and each other and joining in with tasks such as laying tables. The manager often brought their small dogs into the home and staff said people enjoyed having the dogs sit on their laps. People went shopping with staff and spent time in the garden when the weather permitted. One person received weekly visits from their priest.

Staff said that the majority of interaction was on a one to one basis, such as sitting and chatting, painting nails or taking the person out for a cigarette. This was because most of the people did not respond well to group activities, the only ones being popular were the musician and the animals.

Visitors told us they could visit at any time and were always made welcome. All visitors said that they visited most days and one said they spent most of the afternoon and evening there every day. Visitors said they were always offered refreshments and one said "They look after me as well!"

Everyone we spoke with told us they had never had to raise any concerns about care. They were confident that if they did raise concerns they would be dealt with quickly by the manager. A complaints procedure, using symbols was displayed in the entrance porch. The procedure told people how to raise concerns and directed them to local advocacy services if they wished to use them. The manager told us they had not received any complaints since our last inspection. One person benefitted from visits from an advocate that their solicitor had arranged for them.

Good

Is the service well-led?

Our findings

Staff and visitors described the manager as very open and approachable. The manager demonstrated a clear vision for the home and staff told us this was to ensure the home was “people’s home”. It was clear people knew who the manager was, people greeted them in a warm and positive manner with plenty of laughter and smiles. One person told us “[the manager] is marvellous, very very good”. Staff told us that the manager was always available and praised them for their support and said they were “loving and so caring”. Relatives and staff told us they could contact the manager at any time. The manager said everyone had access to their telephone number and email address and that they would respond as soon as possible.

In addition to the manager there was a team of senior carers who were able to offer on-going advice and support to other staff.

Relatives and staff told us that they only had to ask for, or mention something and the manager would get it for them. For example, new mats had been obtained for bedrooms. The manager said that they were due to send out a series of questionnaires to families to obtain their views. Relatives said that while they were not always asked formally for their views, they were always being asked if everything was alright.

The manager was keen to develop and improve the service. They were planning to submit an application to register with the Care Quality Commission even though this was not a requirement. They told us their greatest achievement had been “being able to provide end of life care”. The central heating boiler had recently been replaced and there were improvement plans in place based on priorities and available funds.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care. Where improvements were needed action had been taken to improve matters. For example, an infection control audit from November 2014 had highlighted areas of the home that needed more cleaning. The manager had addressed the issues with the cleaner and the matters had been rectified.

All accidents and incidents which occurred were recorded and analysed. This helped staff identify any triggers that may help prevent further accidents and incidents. For example, following several falls, one person’s call bell system had been changed to a motion activated alarm to alert staff the person was moving and may need assistance.

Records were well maintained. A computerised care planning system was used and all staff had an individual password to maintain confidentiality. The system sent alerts to staff when information needed reviewing or had been updated. This ensured staff always had the most up to date information available to them.

The manager had notified the Care Quality Commission of all significant events which had occurred, in line with their legal responsibilities.