

# Hampshire Care Limited

# Winfrith House

## Inspection report

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Nursling  
Southampton  
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Date of inspection visit:  
26 April 2023  
03 May 2023

Date of publication:  
16 June 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Winfrith House is a residential care home which specialises in providing care and support to adults and younger adults with a learning disability and or autistic people. The service can accommodate up to 2 people, and at the time of our inspection there was 1 person living at the service. The care home is a domestic style 3-bedroom property and is situated in a residential area in Southampton.

### People's experience of using this service and what we found

We found improvements were required to ensure the provider consistently identified, assessed, and managed all risks to people. Staff we spoke with knew how to keep people safe and there were appropriate levels of staff in place.

People were not consistently supported to have maximum choice and control of their lives. We were not assured staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service did not support this practice.

We received feedback that staff were kind and caring, however we observed staff engagement with people using meaningful communication and in line with their care plan needed to be improved. Our judgements were supported by professional feedback that staff were not always observed to be proactive in engagement, and the service did not take opportunities to maximise people's potential.

Staff supported community access and engagement in leisure activities outside of the service. Staff knew how to support people during periods of crisis and care plans included personalised information on their likes, dislikes, and preferences.

The service was not always well-led. We found governance systems were not effective or robust to ensure the provider consistently met their requirements.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

**Right Support:** We received professional feedback that the model of care and setting did not always maximise people's choice, control, and independence.

**Right Care:** Staff were kind and caring, however improvements were required to ensure they consistently engaged with people using a person-centred approach.

Right Culture: Although the service promoted the intention of supporting people to have goals and aspirations, there wasn't always clear evidence of how this would be achieved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 12 July 2022, and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to consent and adhering to the principles of the Mental Capacity Act 2005, when decisions are made in people's best interest, and related to good governance. Please see the action we have told the provider to take at the end of this report.

We have recommended the provider continues to review and embed their processes around their requirement to notify CQC of incidents to ensure relevant information is shared .

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Winfrith House

## 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 Health and Social Care Act 2008.

#### Inspection team

This inspection was carried out by 1 inspector.

#### Service and service type

Winfrith House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Winfrith House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short notice period for inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

#### What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well

and improvements they plan to make. We reviewed information we held about this service since it registered and contacted social care commissioners to provide feedback. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and completed an observation of staff engaging with the person in an activity. We contacted 3 staff members and sought feedback from health and social care professionals. We contacted 1 relative to gain feedback about the experience of the care their loved one received.

We reviewed a range of records related to the service people received. This included 1 person's care plan and medicines administration records, staff training records, 3 staff recruitment records and various audits in place to oversee and monitor the service.



# 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 of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- On the first day of our site visit we identified 3 fire doors at the service did not close. This included bedroom, kitchen and lounge doors. This meant in the event of a fire, the doors would be ineffective. We also noted the hot and cold water taps at a communal handbasin were incorrect. We raised this with the registered manager who took immediate action to address this. On our second day at the service, we noted work had been undertaken and issues were resolved.
- The provider was unable to evidence that they had appropriately assessed and managed the risks associated with legionella. Legionella can cause a serious type of pneumonia called Legionnaires' disease. We found no evidence people had been harmed. We raised our concern with the registered manager who took immediate actions to address our feedback.
- Other environmental risks had been considered, assessed and there were provisions in place to manage these. This included electrical testing, gas safety checks and fire safety risk assessments.
- Individual risks to the person had been identified, assessed and care records provided information for staff to follow to reduce or remove these. However, we noted some areas where the identification and assessment of risk could be more robust. We raised this with the registered manager who took immediate action to address this.

### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Where concerns were identified, there was a process in place for staff to follow. We saw evidence that the registered manager shared information with the local authority when this was required. However, there was no system in place to follow up information that had been shared with external agencies. This meant we could not be assured the provider had appropriate oversight to identify and monitor patterns, themes, or trends and take timely action if required. We raised this with the registered manager who took action to address this.
- Staff we spoke with knew how to raise concerns and how to contact external agencies if this was required to keep people safe.

### Staffing and recruitment

- The provider made pre-employment checks to new staff to help ensure their suitability for the role. These included Disclosure and Barring Service (DBS) checks. The information helps employers make safer recruitment decisions.
- We noted some staff had gaps identified in their work history which had not been explained where this was required. We also found processes to ensure staff's right to work were not robust. We raised this with the registered manager who took action to address this.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. We observed 2 occasions where there was no supply of paper towels in the communal toilet for people to dry their hands on.
- We were not assured that the provider's infection prevention and control policy (IPC) was up to date. We noted the provider's IPC policy did not reflect current national guidance. We raised this with the registered manager who took immediate action to address this.
- There were no restrictions in place for visiting. We spoke with a relative who told us they were able to regularly visit their relative.

### Using medicines safely

- Medicines were safely managed. There was a clear process in place to ensure medicines were administered as prescribed.
- Staff who administered medicines were provided with training and had their competency assessed to ensure they had the correct skills and knowledge to administer medicines safely.
- Where medicines were prescribed to be given 'as required' (PRN), there was clear information available for staff to ensure they knew when, how and how often this medication could be given.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider failed to consistently act in accordance with the principles of the MCA. The provider could not evidence how they ensured they sought consent or had undertaken capacity assessments where care and restrictions were carried out in people's best interest.

Failure to act in accordance with the principles of the MCA was a breach of Regulation 11(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We reviewed records which demonstrated the provider had made a DoLS application to the relevant authorising body.

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

- The provider ensured people's needs were assessed before offering to provide a service.
- Care records included personalised information about their life history, routines and people that were important to them.

Staff support: induction, training, skills and experience

- Staff received a planned induction programme and staff we spoke with told us they felt supported in their role.
- Staff told us they had access to appropriate training. We reviewed staff training records which demonstrated staff had access to learning modules relevant to their role. We noted some staff had not yet completed some modules which included positive behaviour support and autism.

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

- Staff supported the person to meet and manage their diet and nutritional needs.
- We received positive feedback from a relative that the person had been supported to maintain a balanced diet which had had a positive impact on their health.

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

- We received feedback from healthcare professionals that the service was not always effective. They told us they were not always assured professional recommendations were consistently followed or shared with staff. They also told us information was not always shared or shared in a timely manner, which meant they were not always able to review how successful outcomes were for the person.
- We reviewed records which demonstrated staff supported the person to attend appointments, and health referrals were made appropriately.

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

- We observed that the environment lacked personalisation and access to stimulating activities within the home. The registered manager told us this was under review and the provider had plans to make the hot tub operational and to create an additional sensory area in a vacant room.
- We received feedback from professionals that supported our observations that the home environment lacked opportunities for stimulation and could be improved to create a more enabling environment.

# 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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- We observed staff interaction with the person during an on-site visit and noted staff did not communicate using signs, pictures or objects of reference as identified in the person's care plan. We observed staff did not consistently engage the person in the activity and verbal communication was limited to short prompts with little interaction to demonstrate they had established a good rapport.
- Our findings were supported by professional feedback that some staff have been observed to have limited and non-proactive engagement. They told us there is not always a culture to promote an engaging environment, and training had been offered but this has not been taken up by the home.
- We observed the registered manager had established a positive rapport with the person and treated them with kindness and compassion. We also received feedback from a relative that they observed staff to treat their relative with a kind and caring manner.

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

- Staff we spoke with told us how they supported the person to make day to day decisions. This included examples of offering choices of food, clothing, and activities.
- We received feedback from a relative that they were regularly consulted with and participate in decision making about the care their relative received.

Respecting and promoting people's privacy, dignity and independence

- Care plans prompted staff to work with the person to build on their independent living skills. There was a care plan in place to identify their goals and aspirations, however we noted there was limited information on how staff could support the person to achieve the identified goals.
- The person's care plan included information on how staff should support the person to maintain their privacy and dignity.

# 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Where the person could experience heightened anxiety and required support from staff, there were appropriate care plans in place. Information included signs and triggers staff should look for and strategies they could use to support the person.
- Staff we spoke with knew the person and their needs and could describe how they supported the person to maintain their safety.
- Care plans included information on the person's likes, dislikes, and preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The person's care plan included detailed information on their communication needs. Staff we spoke with told us how they supported the person to communicate. This included the use of Makaton signs, body language, gestures and picture cards. Makaton is a language that uses symbols, signs, and speech to enable people to communicate.
- We observed there were appropriate signs and symbols throughout the home environment to support the person to identify different areas. For example, there were picture symbols on the doors to identify bedrooms, lounge area and toilets. The person could also access flash cards to support them to communicate their wishes to staff.

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

- Staff supported the person to access and engage in community activities including sensory sessions, swimming and the local and wider community.
- We received positive feedback from a relative that their relative was supported to maintain their family relationships and staff supported them to meet up for visits outside of the home.

Improving care quality in response to complaints or concerns

- There was a complaints process in place, and we reviewed records which demonstrated the registered manager kept oversight of feedback given. However, we noted there was no easy read format of the

procedure to support people using the service to access the required information. We raised this with the registered manager who took immediate action to address this.

- We received feedback from a relative that they knew how to raise concerns. They told us they felt assured any feedback they provided would be addressed appropriately.

#### End of life care and support

- At the time of the inspection no one was receiving end of life care. The registered manager discussed end of life care planning and how they would ensure people had access to appropriate support.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Quality assurance and governance systems in place were not always effective or robust. For example, we identified there was no system or process in place for recording and monitoring when maintenance issues had been raised with the landlord, and what actions were complete or outstanding.
- The provider did not ensure they fully assessed, monitored and mitigated all risk in relation to health and safety as identified in the safe section of this report. This included ill-fitting fire doors and insufficient risk assessment and management of the risk of legionella.
- We found multiple examples where records were not always clear, contemporaneous, or up to date. This included information related to the person's sensory needs, key aspects of their routines and information related to professional involvement. We also found some aspects of the person's care plan contained conflicting information.
- We reviewed recruitment records for three staff. We noted the providers systems and processes were not robust to ensure they maintained up to date evidence of all staff's right to work status.
- The provider used an electronic recording system for incidents, but there was no system in place to oversee and monitor information that had been shared. This included safeguarding information, actions, and outcomes.

The failure to demonstrate good governance and maintain accurate, complete and contemporaneous records was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We found two examples where the provider had failed to ensure all notifiable information had been shared with CQC in line with their legal requirements. We raised this with the registered manager who took action to send the information through after the inspection.

We recommend the provider reviews the scope of their regulatory requirements to ensure all relevant notifiable information is shared with CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- We found the registered manager was open and transparent in their approach. They were open to receiving feedback during the inspection on our findings and by the end of the inspection had taken some

remedial steps to make improvements.

- Staff we spoke with told us they enjoyed their role and that the service was a positive place to work.

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

- We received positive feedback from a relative that they were involved and engaged in decision making related to the care their relative received.
- We received positive feedback from staff that they felt supported in their role. Staff told us the registered manager was regularly available to offer advice and guidance.
- The registered manager told us they were reviewing ways to seek feedback from people, staff, and professionals.

Working in partnership with others

- We received feedback from professionals that communication and information sharing required improvement. This included where information was requested by professionals and where information and tools were provided for use.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The provider did not ensure they consistently assessed people's capacity to consent to care and treatment decisions in line with the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to demonstrate good governance or to ensure they maintained accurate and complete records.</p>