

All About Care Limited

Wimbledon House Residential Care Home

Inspection report

58 Selsea Avenue
Herne Bay
Kent
CT6 8SD

Tel: 01227370909
Website: www.all-about-care.co.uk

Date of inspection visit:
08 April 2016

Date of publication:
12 May 2016

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 ●

Summary of findings

Overall summary

Wimbledon House can provide accommodation and personal care for 34 people who have mental health problems. The accommodation is on two floors. There were communal lounges, a dining room, smoking room and well maintained gardens. A stair lift was available to help people who had mobility difficulties and one bathroom was fitted with a bath hoist. The service had its own vehicle to make sure people were able to access facilities in the local area and pursue a variety of activities.

At the time of the inspection there were 33 people living at the service. The care and support needs of the people varied greatly.

There was a registered manager working 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 and associated Regulations about how the service is run. The registered manager, deputy manager and staff supported us throughout the inspection.

The registered manager provided leadership to the staff and had oversight of all areas of the service. There was a culture of continuous improvement, so that people would feel increasingly well cared for. Staff were motivated and felt supported by the registered manager and senior staff.

The staff understood the vision and values of the service, such as person centred care, treating people with respect and maintaining their privacy and dignity. Staff told us the registered manager was approachable and they were confident they would not hesitate to raise any issues if they had any concerns. Safeguarding procedures were in place to keep people safe from harm. On one occasion these procedures had not been followed by the registered manager. They had not consulted with the local authority safeguarding team when the incident had occurred, which they should have done as part of those procedures. Staff had been trained in safeguarding adults and they knew what action to take in the event of any suspicion of abuse. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the registered manager, or outside agencies if necessary.

Before people decided to move into the service their support needs were assessed by the registered manager to make sure they would be able to offer them the care that they needed. The care and support needs of each person were different and each person had a care plan which was personal to them. Some care plans recorded the information needed to make sure staff had guidance and information to care and support people in the safest way. However, some parts of the care plans did not accurately record the information needed. People had regular reviews of their care and support when they were able to discuss any concerns or aspirations and goals they wanted to achieve.

Potential risks to people were identified but guidance on how to safely manage the risks was not always available. This left people at risk of not receiving the interventions they needed to keep them as safe as

possible. On the whole, there was guidance in place for staff on how to care for people effectively and safely. Risk assessments were designed to keep most risks to minimum without restricting their activities or their life styles and promoting their independence, privacy and dignity.

People had an allocated keyworker who was involved in their assessments and reviews. A key worker was a member of staff who takes a key role in co-ordinating a person's care and support and promotes continuity. Throughout the inspection people were treated with kindness and respect. Staff were attentive and the atmosphere in the service was calm, and people were comfortable in their surroundings. People were involved in activities which they enjoyed. Contact with people's family and friends who were important to them was supported by staff.

The staff knew people well and were familiar with their lifestyle wishes and preferences. This continuity of care and support resulted in building people's confidence to enable them to make more choices and decisions themselves and become more independent. People's individual religious preferences were respected. People's health was closely monitored and people had regular contact with their doctor and specialist services.

People said that they enjoyed their food and it was always of a good standard. They said there was plenty of choice and the portions at meal times were good. They told us they had involvement in the menu to ensure they had their favourite foods.

People received their medicines safely and when they needed them. They were monitored for any side effects. Some people received medicines 'when required', like medicines to help people remain calm. There was some guidance for staff to tell them when they should give these medicines, but it did not contain a lot of detail to make sure people received the medicine consistently and safely. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Some special medicines required storage in a special cabinet. The cabinet used by the service did not meet the required legal specifications for storing these medicines.

The registered manager and staff understood how the Mental Capacity Act (MCA) 2005 was applied. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these are agreed by the local authority as being required to protect the person from harm. No DoLs applications had been made to the relevant supervisory body in line with guidance, as no-one required one.

There were adequate numbers of staff on duty during the days to meet people's needs. However, the optimum staffing levels of six care staff per day was not being achieved due to staff vacancies. There was an ongoing recruitment drive to recruit new staff. There were robust staff recruitment procedures to ensure staff were suitable for their job roles.

Staff had the knowledge and skills to meet people's needs. They received the training they needed to do their jobs effectively and safely. Staff received regular one to one meetings with the registered manager and an annual appraisal to discuss their training and development needs. Staff were supported by the registered manager and felt able to raise any concerns they had or suggestions to improve the service.

Records showed that there were safety and maintenance checks of services, to keep people safe. Tests and checks of fire equipment and the alarm were conducted regularly, to ensure equipment was in working order. Fire drills were held regularly to ensure staff were familiar with actions in the event of an emergency,

however some people did not have a personal emergency evacuation plan (PEEPS). The registered manager told us most of the people living at the service were capable of leaving the building but some people refused to leave therefore assessments would be completed for each person. This was an area for improvement.

The complaints procedure was available and accessible. People knew how to complain and felt confident their complaints would be listened to and acted on. People had opportunities to provide feedback about the service provided both informally and formally.

Regular audits and checks were undertaken at the service to make sure it was safe and running effectively, however the action plan as a result of the last quality assurance check had not been completed. This was an area for improvement.

We found one breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe.

Risks to people were assessed but guidance was not always available to make sure all staff knew what action to take to keep people as safe as possible. The plans to evacuate people in the event on an emergency needed improving.

Safeguarding policies and procedures had not been consistently followed. Staff knew how to protect and keep people safe.

The recruitment and selection processes made sure that staff employed were of good character. People were supported by enough suitably qualified, skilled and experienced staff to meet their needs.

Medicines were administered and recorded appropriately. Some special medicines were not been stored as safely as they should be. More guidance for when people received 'when required' medicines was needed.

Requires Improvement 

Is the service effective?

The service was effective

There was a training plan in place to ensure that staff had the knowledge and skills to meet people's needs. Staff received individual supervision and an annual appraisal to address training and development needs.

People and their representatives were involved in making decisions about their care and support.

The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

When people had specific physical or mental health needs and conditions, the staff contacted healthcare professionals and made sure that appropriate support and treatment was available.

Good 

Is the service caring?

Good ●

The service was caring.

People spoke very highly of the staff and the registered manager. Staff communicated effectively with people, they ensured that people's privacy and dignity was respected. Staff treated people as individuals.

People were supported to maintain their independence and to be fully involved in their care.

Staff promoted people's independence and encouraged them to do as much for themselves as they were able to.

Is the service responsive?

Good ●

The service was responsive

People received the care and support they needed to meet their individual needs. People's preferences, likes and dislikes were taken into consideration in all aspects of their care. Some parts of the care plans did not accurately reflect the care that people received.

People were supported to make choices about their day to day lives. People were able to undertake daily activities that they had chosen and wanted to participate in. People had opportunities to be part of the local community.

There was a complaints system and people knew how to complain. Views from people and their relatives were taken into account and acted on.

Is the service well-led?

Good ●

The service was well –led.

There were systems in place to monitor the service's progress using audits and questionnaires. Regular audits and checks were undertaken at the service to make sure it was safe and running effectively, however the action plan as a result of the last quality assurance had not been completed.

The registered manager led and supported the staff in providing personalised, compassionate care for people, and in providing a culture of openness and transparency.

People were encouraged to give their views and feedback about the service. They felt listened to and had a say on how to improve things. There was a commitment to listening to people's views and making changes to the service.

Wimbledon House 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 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 8 April 2016 and was unannounced. It was carried out by two inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We met most of the people living at the service and had conversations with ten of them. We spoke with four members of staff and the registered and deputy manager.

During our inspection we observed how the staff spoke to and engaged with people and the visiting relatives. We looked at how people were supported throughout the day with their daily routines and activities. We reviewed five care plans of the people living at the service, and looked at a range of other records, including safety checks, records kept for people's medicines, staff files and records about how the quality of the service was managed.

We last inspected this service on 13 October 2013. There were no concerns identified at this inspection.

Is the service safe?

Our findings

People told us that they felt safe and were able to tell staff if they had any concerns or something was wrong. They were confident these would be addressed quickly by the registered manager or the deputy manager. People said: "This is a good place to live. I would not want to live anywhere else" and "Sometimes a bit of shouting goes on but it's not frightening. I just go to my room".

The provider had policies and procedures for ensuring that any concerns about people's safety were reported to keep people safe from harm. On one occasion the staff had dealt with an incident but had not followed procedures. They had not consulted with the local authority safeguarding team when the incident had occurred which they should have done. A decision would then have been made on how to proceed to keep people safe in the way that suited them best. The registered manager took action to address this issue when we raised it.

We recommend that the staff adhere to their own safe guarding policies and procedures and the safeguarding policies and procedures of the local authority.

Staff had received training on keeping people safe. They were able to recognise the different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff understood what they needed to do should they witness bad practice. They were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People were protected from financial abuse. People signed to confirm they had received their monies and they were encouraged to manage their money as independently as possible. There were procedures in place to ensure that all money received and spent was accounted for. Money was kept safely and was accessed by senior staff only. People could access the money they needed when they wanted to.

Risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. Some people were identified as being at risk of skin problems. Other people were at risk of developing urine infections and not drinking enough fluids. There was a risk when this happened that people's mental health might deteriorate and this had not been considered sufficiently to make sure it was prevented. Other people had been identified as being at risk of choking when they ate or at risk of falling. There was limited information available to give staff the guidance on how to reduce the risks and what action to take if the risks actually occurred. Information on how to manage the risks was not available in people's care plans. Most of the experienced staff were able to say what they would do to make sure these risks were kept to a minimum but some staff were not sure. There was a risk that staff may not take the correct action as they did not have the necessary information and guidance.

Care and treatment was not provided in the safest way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the local community and smoking. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. These potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any pattern and took action to reduce risks to people. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

People said that their medicines were given to them when they needed them. One person said, "Staff always make sure I have my tablets every day, so I don't have to worry about when to take them". People told us that they received their medicines when they should and felt staff handled their medicines safely. There were policies and procedures in place to make sure that people received their medicines safely and on time. Most people's medicines were managed by staff. People said they were happy with this arrangement and this was the way they preferred to have their medicines. Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Temperature checks of the room where the medicines were stored were taken daily and recorded to ensure that medicines were stored at the correct temperature to ensure the effectiveness and quality of the medicines used.

The majority of medicines were stored securely for the protection of people. Some special medicines required storage in a special cabinet. The cabinet used by the service did not meet the required legal specifications for storing these medicines. There was only one medicine stored in the cabinet at the time of the inspection. The registered manager said they would address this issue.

We recommend that the provider should take into account The Royal Pharmaceutical Society of Great Britain Guidelines with regard to the safe storage of medicines.

Some people were supported to take their medicines independently. Risk assessments and plans had been developed to make sure this was done safely. Some people had diabetes and had daily insulin injections. People gave their own injections and were observed and supported by staff to do this. Other people were given their medicines to take and these were stored in a secure place in their room.

Some people were given medicines on a 'when required basis' these were medicines for pain like paracetamol or medicines to help people remain calm. There was written guidance for each person who needed 'when required medicines' but some of the guidance did not explain fully when the person should receive the medicine. There was a risk that people may receive their 'when required' medicines inconsistently. This was an area for improvement. The registered manager said that they would address this immediately. The staff who gave people their medicines were able to explain when they gave people 'when required' medicines. They were clear and consistent about when they gave people these medicines. The effects of the medicines were monitored to see if they were working for the person. If they were not effective then this was reported to the person's doctor and further advice was sought.

Staff had received training in medicine administration, which was refreshed every year. This was followed by a test to check staff knowledge and understanding of the training.

There were robust systems in place to ensure staff were recruited safely. The majority of records were electronically stored. They were up to date and in good order. All the relevant safety checks had been

completed before staff started work. Application forms showed a full employment history and gaps in employment had been explored when staff were interviewed. Satisfactory evidence of conduct in previous employment was recorded and other safety checks had been completed including: Disclosure and Barring System (DBS) checks and health declarations. (The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and an interview check list was completed to ensure that correct recruitment procedures had been completed. Successful applicants were required to complete an induction programme and probationary period. During the interview process the prospective member of staff was introduced to people so they had an opportunity to meet and comment on the suitability of new staff.

People said that there were enough staff working at the service to support them. One person commented, "I can always find staff when I need them". The registered manager told us that there were staff vacancies and because of this the optimum staffing level of six staff per day was not always being achieved. The staff rota showed that over the last two weeks, five staff were consistently on duty. The registered manager and deputy manager told us that they were supporting the staff to provide the service to ensure people were receiving the care and support they needed. The duty rota showed that there was sufficient night staff on duty.

As well as care staff there were sufficient housekeeping and maintenance staff on duty to ensure the premises was clean and well maintained. Staff told us there were sufficient staff on duty at all times and the rota showed that staff worked as a team to cover for sickness or annual leave. On the day of the inspection the staffing levels reflected the number of staff on the duty rota.

The provider had a business continuity plan in place to deal with emergencies, such as fire or flood. An on call system, outside of office hours, was in operation and staff told us that the registered or deputy manager was always available for support and guidance. Not everyone living at the service had a 'personal emergency evacuation plan' (PEEP) for each person, to give staff guidelines on how to move people out of the home in the event of an emergency. The registered manager told us most of the people were capable of leaving the building but some people refused to leave therefore assessments would be completed for each person. This was an area for improvement.

Regular checks were carried out on the fire alarms and other fire equipment to make sure it was working. Staff and people were regularly involved in fire drills to make sure people were aware of how to leave the building safely in case of a fire. The registered manager had also made an arrangement with the other service run by the same provider where people would go if they needed a safe place to stay.

Regular health and safety checks of the environment and equipment had been carried out. There were records to show that equipment and the premises received regular checks and servicing, such as checks of the boiler, electrical system, and temperature of the water. The premises were well maintained with regular maintenance work being carried out.

Is the service effective?

Our findings

People told us the staff looked after them well and the staff knew what to do to make sure they got everything they needed. People commented, "I have a keyworker who I get on very well with. They help me do things and go out to different places". "You can have a good laugh with the staff. Everyone is very kind and friendly".

The training programme ensured that staff received the basic and specialist training they needed to support people. Training courses were held monthly in the head office training room so that staff had the opportunity to keep their training up to date. As well as basic training staff had received Mental Capacity and Deprivation of Liberty (DoLs) training. This ensured that staff had the skills and knowledge they needed to look after people in the best way. Staff told us that the training programme was effective. Other training included diabetes training, challenging behaviour, mental health and equality and diversity. The head office kept computerised training records which showed when training had been undertaken and when 'refresher training' was due. The majority of staff had completed vocational qualifications in health and social care or were in the process of being registered to complete the award. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification a candidate must prove that they have the competence to carry out their job to the required standard.

New members of staff completed a full induction programme which included shadowing more experienced members of staff to get to know people and their routines. Staff told us that they completed an induction and they felt very well supported by the registered manager and staff. Staff received regular one to one meetings and a yearly appraisal from the registered manager. This gave them the opportunity to discuss their roles and responsibilities, and to highlight any further support or training they required. Staff told us that the management team were always available for guidance and support to enable them to carry out their role effectively.

Staff told us how they always asked people for their consent before supporting them with their care and support. We observed that people were always asked for their consent when staff spoke with them. They offered people choices of what they wanted to do, and what they wanted to eat and wear. People who were able, signed a consent form in their care plans to confirm they agreed with their care, and where appropriate relatives and representatives were also involved in this process.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA. At the time of the inspection there were no people who had a DoLS authorisation in place as no-one needed one.

The registered manager and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves, and had received Mental Capacity and DoLS training. They were aware of the legislation and how decisions were made in people's best interests.

People said that they saw a doctor whenever they needed to and that a doctor visited the service every week. People's health was monitored and when it was necessary health care professionals were involved to make sure people were supported to remain as healthy as possible. The staff actively sought support when they needed it and did not work in isolation. People were supported to make and attend medical appointments. People's health was monitored and care was provided to meet any changing needs. When people's physical and/or mental health declined and they required more support the staff responded quickly. Staff contacted local community healthcare professionals and made sure that the appropriate treatment, care and support was provided. Staff closely monitored people's health and wellbeing in line with recommendations from healthcare professionals. When people had problems eating and drinking they were referred to dietitians. If a person was unwell their doctor was contacted. People were supported to attend appointments with doctors, nurses and other specialists when they needed to see them. People had regular appointments with opticians, dentists and chiropodists. If people wanted to, they were supported to attend routine screening appointments.

Regular reviews were held when people's care was discussed in full and the staff were able to provide documentation if there had been any issues. They told us that the staff asked for advice and support if they are unsure how to manage certain situations and in regard to more complex mental health issues.

People said that they enjoyed the meals and there was always a choice. They said they could eat at the times they preferred. People told us how they chose what they liked to eat and menus were discussed during meetings so that everyone had an opportunity to voice their opinions and choices. People said they were able to request alternatives to the meals on offer if they did not like what was on the menu. At lunchtime there was a choice of two meals and people were encouraged to go to the trolley to pick what they wanted. Meal times were sociable occasions. The atmosphere was relaxed and people were observed enjoying their meal chatting to staff and each other. The portions were good and reflected the appetite of people. People told us that they always had enough to eat and they liked what they had.

People were supported and encouraged to eat a healthy and nutritious diet. People could help themselves to drinks and snacks when they wanted to. Some people had coffee making facilities and fridges in their rooms so they could be more autonomous and independent. People often went out to eat in restaurants and local cafés. When people were not eating their meals because their mental health was deteriorating or they were unwell, the staff made sure they had lots of choices throughout the day, to make sure they had enough calories to maintain their weight to remain as healthy as possible. Some people had specific health needs like diabetes and staff positively supported them to manage their diets to make sure they were as healthy as possible.

Is the service caring?

Our findings

When we arrived at the service, people greeted us with smiles and made us feel welcome. They introduced themselves and chatted. They told us about the service and what it was like living at Wimbledon House. One person proudly gave us a tour of the communal areas and showed us their bed sit which they shared with their wife.

People told us the staff were kind and caring. They said: "It's a wonderful place to live The staff are great, I have everything I need here". "I think it's marvellous. I want to stay here forever". "The staff are very respectful. They always knock on my door and wait to be invited in. They talk to us politely and nicely". "The staff always come and check that I am OK and ask if I need anything".

A relative commented in a survey question: "I would like to say a very big thank you to all staff that cared for my relative in their hour of need, without all your love and care, kindness and thoughtfulness they would not have been so happy".

Staff were motivated to provide kind and compassionate care to people. They were knowledgeable about people's life experiences and supported people in line with their different personalities. They said: "I love this service we try to do everything well". "We support people to keep their independence and to live a good life".

The registered manager and staff, demonstrated an in depth knowledge of people and their needs. All staff showed their commitment about respecting people's rights and supporting people to maintain their independence and make choices. The management and staff provided compassionate personalised care to each person. Staff supported and encouraged people to be involved with the day to day running of the service and, as far as possible, in the planning of their care and support. People laid the tables for meals, helped with their laundry and the washing up. Staff supported them to achieve what they wanted to throughout the day. Staff took time to listen and supported people to make arrangements.

Staff explained how they gave people choices each day, such as what they wanted to wear or eat, where they wanted to spend their time and what they wanted to do. Some people liked to go out in the local area and others preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. This was respected by the staff. Staff changed their approach to meet people's specific needs. People were aware of what was being said and were involved in conversations between staff. Staff gave people the time to say what they wanted and responded to their requests. Staff responded quickly to people when they asked for something. One person called for a staff member to help them. The member of staff immediately gave a kind response and went to help them.

There was a relaxed and friendly atmosphere at the service. People looked very comfortable with the staff that supported them. There was a high level of engagement between people and staff. Consequently people, where possible, felt empowered to express their needs. People chatted and socialised with each other and with staff and looked at ease. Staff encouraged and supported people in a kind and sensitive way

to be as independent as possible.

We overheard staff speaking with people in a calm and kind tone of voice; they were patient and understanding supporting people in a way that suited them best. The service used a key worker system to provide people with regular individual support. People told us that they liked the keyworkers who were able to spend additional one to one time with them. People told us that they were supported to maintain wider support and regular contact with friends and family

People's rooms were personalised with their own possessions, they had their own things around them, which were important to them. People were given choices about how they wanted their bedrooms and communal areas decorated. On the day of the inspections there were wall paper samples pinned to the wall in the dining area. People were invited to write their name on the one they preferred, so a decision could be made on which wallpaper would be used to decorate the dining room. People chose what they wanted to wear and went to the shops to buy their own clothes. People chose where they wanted to spend time and what they wanted to do in the community. People's religious beliefs were supported and this gave them comfort.

People had opportunities to express their views about the service. There were regular meetings with the registered manager to discuss the care and support they were receiving. There was also a question put to people each month such as 'Who are CQC and what do they do', 'Do you like what's on the menu' and 'Do you know what your care plan is". The answers to the questions were discussed at the next meeting to encourage people to make sure their voice was heard.

Some people had family members to support them when they needed to make complex decisions, such as coming to live at the service or to attend health care appointments. Advocacy services were on display on the notice board if people needed additional support to make decisions about their care. Advocates are people who are independent of the service and who support people to make and communicate their wishes.

Loving relationships between people were supported and some people had chosen to live together. People told us that they could see their visitors in private if they wished. Visitors were made welcome and were able to visit whenever they wanted to. People said that their families visited often and they went to stay with their relatives.

People's personal information was stored safely. Records were kept securely in a locked office to protect confidentiality and were located promptly when we asked to see them.

Is the service responsive?

Our findings

People were supported to be involved in their care and support when they wanted to be. The staff worked around their wishes and preferences on a daily basis. People told the staff about the care and support they wanted and how they preferred to have things done. People said, "I get very good care in the morning. The staff help me wash and get dressed. They are very kind and patient".

Staff were responsive to people's individual needs. Staff responded to people's psychological, social, physical and emotional needs promptly. Staff were able to identify when people's mental health or physical health needs were deteriorating and took prompt action. One person had sustained an injury that made it difficult to climb the stairs. In response to this the provider immediately fitted a stair lift so the person could access the first floor of the building. Other people were becoming frailer and the staff made sure they had the aids they needed like wheel chairs and walking frames so they could still get around independently.

People had assessments before they came to stay at the service. People said that they were involved in planning their own care. They told us that they talked with staff about the care and support they wanted and how they preferred to have things done. Assessments reflected their previous lifestyles, backgrounds and family life. It also included their hobbies, and interests, as well as their health concerns and medical needs. These helped staff to understand about people and the lives that they had before they came to live at Wimbledon House. The assessments also included information about how people wanted to remain independent with specific tasks and the areas where they needed support. Staff asked people and their family members for details of their life so they could build up a 'picture' of the person. This gave the registered manager and staff the information about the person and how to care and support them.

From this information an individual care plan was developed to give staff the guidance and information they needed to look after the person in the way that suited them best. The information and guidance in the plans varied. Some parts of the plans contained clear directions and guidance for staff on how to care and support people safely and effectively. The care plans gave the information on how people liked their personal care, how to support people with their mental health and the signs to look for if they are deteriorating. Some plans identified an outcome people wanted to achieve and the support they needed from staff, other plans did not. Information in some people's care plans was not always clear, easy to follow or was missing.

One person's assessment identified that they had physical health needs but their care plan did not give the information needed to guide staff on the action they needed to take to support the person. When people had issues with their skin there was no guidance for staff on what action they needed to take to keep people's skin as healthy as possible. This is an area for improvement and the registered manager said she would address this straight away. When we spoke with staff they were able to explain the support and interventions people were receiving to make sure their needs were met. We saw people sitting on special cushions and had special mattresses on their beds to protect their skin so people were receiving the care they needed but some care plans needed more detail.

People decided what they wanted to do and when they wanted to do it. Information was included in

people's care plans about their preferences with how they wanted to be supported. Staff were familiar with people's likes and dislikes in regards to their personal care, hobbies and interests, outings, holidays and activities in and outside the service.

People's independence was supported and most people went out and about as they wished. People told us they were able to make choices about their day to day lives and staff respected those choices. Everyone worked together to respond to people's individual needs to make sure people got the help and support they needed.

People who were important to people like members of their family and friends were named in the care plan. This included their contact details and people were supported to keep in touch. Relatives said they felt welcomed when visiting the service. They visited frequently and were very complimentary of the care given to their relative.

Each person had a key worker. This was a member of the care team who took responsibility for a person's care to maintain continuity and for the person to have a named member of staff they could refer to. People had meetings with their key worker at least once a month to review their care and say what they wanted. People talked mainly about activities that they would like to try and events they would like to go to. People had been on trips to Hastings and Eastbourne. People were deciding where they wanted to go on holiday this year. Staff were supporting people to arrange their holidays.

People said, "I like it here, I go out on the buses whenever I like. I have a bus pass". "I want to go to the 50's rock and roll night at the Marlowe theatre and staff are helping me arrange this". People confirmed that there were activities that they supported and encouraged to take part in. Visits to local places of interest were arranged. There were links within the local community, and people were supported to attend churches if they wished to do so.

There was a weekly activity programme in place which was flexible to people's wishes. On the day of the inspection people had requested to play bingo instead of the programmed activity and this took place in the afternoon. People discussed having evening activities such as pool and cards and this was being considered. They had also commented that they would like to be involved in gardening, yoga, golf and ballroom dancing, but when staff arranged for these activities people did not wish to participate. One person was enjoying going to the gym as part of their healthy eating plan. People were supported to maintain their preferred hobbies, such as looking after the fish tank in the lounge and caring for the parrot.

There were systems in place to ensure that any complaints were responded to appropriately. People and relatives knew who to speak to if they had a concern and were happy to raise these with staff and the management team. The complaints policy was available and on display. Records showed that all concerns had been recorded with actions that had been taken to resolve the issues. There had been no complaints this year and one complaint last year. The complaint had been acknowledged, investigated and responded to appropriately. People said that staff listened to their concerns and they were confident to raise any issues or complaints. Staff told us that people were comfortable in telling them if something was wrong and knew that if any issues were raised they would be dealt with quickly.

People's key workers spent time with them finding out if everything was alright with the person and if they wanted anything. There were regular meetings for people and staff. There was a commitment to listening to people's views and making changes to the service in accordance with people's comments and suggestions.

Is the service well-led?

Our findings

People told us they were comfortable with the owners, registered manager and the staff. People said: "The manager does a good job". "You can go the manager at any time and they always listen and sorts things out".

The registered manager and staff were committed to providing personalised individual care to people. Many had worked in the service for several years and had a lot of experience in supporting people who were vulnerable and had mental health needs to ensure that people received a good quality of care. The registered manager led by example and worked closely with the staff team to monitor and provide the quality of service being provided. Our observations and discussions with people and staff showed that there was an open and positive culture between people, staff and management.

People were encouraged to be involved in the service through regular meetings, and events within the service. People and staff told us that the registered manager was open and approachable. Staff were encouraged to voice their opinions through staff meetings, one to one meetings with the registered manager and staff surveys. The minutes of these showed these were an opportunity to share ideas, keep up to date with good practice and plan improvements. These were posted in the staff room to ensure that if some staff had not attended they would be aware of the outcome of the meeting. When the medicines system changed staff received training and signed to confirm they understood the procedure.

There were handovers at the start of each shift and communication books to ensure that staff were up to date with people's current care needs. Staff told us that communication was effective between management and staff which enabled them to work well as a team. The registered manager or deputy manager were 'on call' at all times to ensure that staff had the support they needed outside of office hours.

There was a continuous professional development plan in place for staff. The registered manager had completed a leadership qualification level five and attended seminars such as the 'Care Act' seminar, and 'Shaping the Future' conference as well as attending local forums to share good practice.

Staff told us that they and the management team all worked closely to make sure people received the support they wanted and needed. Staff morale was high and they told us how they worked well together over a number of years. They said: "Staff morale is good; it is a pleasure to work here". Staff confirmed there were always opportunities to discuss issues or to ask advice to keep their practice up to date.

The registered manager and provider carried out quality assurance checks to monitor the quality of the service provided. The registered manager and staff told us that the provider was always supportive and available if they needed to discuss anything and prompt action was taken to their requests. A yearly health and safety check was carried out by an outside provider to ensure the service was safe.

Room checks were completed monthly and there were action plans at the back of the record book which showed what improvements had been made. Checks had been made on the medicines from the local

pharmacy and the registered manager reviewed and updated the care plans monthly. Health and safety checks had been recorded which included all areas of the service.

At the previous resident meeting issues were raised with regard to the timing of the breakfast and arrangements were agreed and put in place to improve the situation. They also decided to write the menu on the board the night before to give people more opportunity to request an alternative if they did not like what was on the menu.

The registered manager sent out satisfaction surveys to people, relatives, health care professionals and staff. The results of the questionnaires were positive with comments from people about the management team states that they felt the manager were always willing to listen to any problems they have and do their best to help where they can. Relatives had responded to the surveys and all comments made were positive. They were satisfied that the staff had an excellent knowledge and understanding of the service. Health care professionals commented: "The home is a pleasure to visit and staff are always helpful and polite". "Staff are always supportive and professional".

When people had made comments or suggestions an action plan was put into place to address the issues. However, at the time of the inspection, the action plan had not been completed. This was an area for improvement.

The registered manager told us that they had links with the local community and were members of the Kent Care H people to be part of the 'Smoke Free' Kent Community Health incentive to stop smoking. This service offered training for staff and support for people living with mental health conditions to stop or cut down on their smoking.

Staff understood the visions and values of the service. They told us that the care was personalised to each person, and they treated people as they would like to be treated themselves, with equality, dignity and respect. Staff were clear about their roles and responsibilities to the people and to the management team. The staffing structure ensured that staff knew who they were accountable to.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. This meant we could check that appropriate action had been taken. The registered manager was aware that they had to inform CQC of significant events in a timely way. Apart from one incident we had received notifications from the home in the last 12 months. This was because important events that affected people had occurred at the service.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not provided in the safest way for people because the provider did not have sufficient guidance for staff to follow to show how risks to people were mitigated. This is a breach of Regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014