

RMH (Wispers) Care LLP

Wispers Park Care Village

Inspection report

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Date of inspection visit: 6 March 2015
Date of publication: 05/05/2015

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?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 22, 23 and 27 October 2014. Multiple breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breaches identified.

We undertook this focused inspection to check that they had followed their plan and to confirm that they have now met legal requirements. This report only covers our

findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wispers Park Care Village on our website at www.cqc.org.uk.

This inspection took place on 6 March 2015 and was unannounced.

Wispers Park Care Village is a nursing home providing personal and nursing care for up to 55 older people some of who are living with dementia. At the time of our inspection 22 people were living at the home. The home is divided into separate units with two of those Oak and Willow in use at the time of inspection. The home is a

Summary of findings

modern addition to an older building which includes a bistro and communal facilities. The home is part of a larger complex which provides more independent living accommodation on the rural outskirts of Haslemere in Surrey.

At the time of our inspection the interim manager had applied to be the registered manager of the home. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

On this focused inspection we found the service had made improvements and people were now safe. The requirements of the warning notice in relation to the deficiencies in fire safety, personal evacuation plans and staff knowledge of what to do in an emergency had been met.

People told us that they now felt safe; relatives also told us they thought that their family members were safe. Staff showed a good understanding of safeguarding and what to do if they suspected abuse. Incidents and accidents were managed and reported appropriately

Medicines were stored and administered safely. There was a new electronic system used to help manage medicines safely in the home which reduced the risks to people.

Only two units, Oak and Willow, were now used. Staffing levels had been maintained and as staff were no longer covering three units this meant there were sufficient staff to meet people's needs. Agency staff use had reduced and people told us staffing had improved however there were occasions when call bells had not been answered quickly. One person told us "I feel safe and there are enough staff at the moment".

Staff had received some training in key areas however not all staff had received up to date training in areas which included dementia awareness and the Mental Capacity Act (MCA) 2005. Staff told us they felt supported and they had monthly supervision whilst the service made changes.

Records clearly documented what actions staff took to ensure that people's healthcare needs were met. Staff described the signs they looked for when people might be unwell and had a good understanding of the care needs of each person. Staff took action when it was identified that people needed medical treatment. A relative told us "My relative seems healthy and they look a lot better than when they were at home".

People were now supported to eat and drink sufficient, varied food and drinks. Where they had special dietary requirements these were followed. However people also told us that they were not always consulted about the menus provided. Some people told us they usually enjoyed their meal, others said it was "Unappetising". Nutritional risk assessments had been completed for those that needed it and reviewed regularly. People's weight was checked regularly, and food and fluid intake was monitored on a daily basis.

Some staff were still not confident about the MCA and Deprivation of Liberty Safeguards (DoLS) but were aware of the importance of explaining the reason for people's care. Staff gained people's consent before providing support. People's capacity had now been assessed and recorded.

The environment had been improved on the unit where people were living with dementia. This had been partially redecorated with bold colours on hand rails and there were memory boxes outside people's rooms to help orientate people.

Staff treated people with kindness and compassion. They gave reassurance to people when needed. People told us they were treated with respect by the staff. Comments from people were that staff were "Kind" and "Attentive". People and their relatives told us that they felt more involved in their care. There were residents and relatives meetings which were welcomed by people.

Care records were reviewed regularly and contained information about people including preferences, likes and dislikes. These were updated where necessary to reflect any changes. Relatives had been invited to attend a review of the care provided and welcomed the opportunity for increased involvement in this.

Summary of findings

People and relatives knew who to complain to if they needed to. One relative told us that they were unhappy with the progress of their complaint; the provider had dealt with the only other complaint appropriately.

There were now robust quality assurance processes in place. People and relatives told us they were impressed by the interim manager and the improvements that had been made. One relative told us the interim manager had “Improved the service –previously the place was in such a

mess”. Residents and relatives meetings had been introduced so that people’s views could be obtained. Audits that monitored peoples’ health were completed regularly and action taken to improve peoples’ health. Staff were clear about what was expected of them.

We recommend that staffing levels are regularly reviewed to ensure that people’s needs are met in a timely way.

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?

We found that action had been taken to improve the safety of people living at the home.

People's safety was now protected and they were no longer at risk in the event of an emergency.

There were sufficient numbers of qualified and skilled staff at the home to meet people's needs.

Medicines were now stored securely and administered safely by staff.

Staff understood safeguarding and knew what to do should they have any concerns about people's care and welfare.

Requires improvement



Is the service effective?

We found that some action had been taken to make the service more effective.

Staff had completed some training and there were plans in place to make sure they received further training in the skills they required to care for people effectively

Staff knew people's needs, understood what to do if people became unwell and managed people's healthcare needs well.

People had access to as much food and drink as they required and any risks in relation to dehydration or malnutrition were now monitored well by staff.

The provider was now acting within the legal requirements of the Deprivation of Liberty Safeguards so that people's freedom was not restricted.

Requires improvement



Is the service caring?

We found that some action had been taken to make the service more caring.

People were now treated with care, dignity and respect and their privacy protected.

Staff now interacted with people in a respectful and positive way.

People told us most staff were caring and they were now consulted more about their care and the daily life of the home.

Requires improvement



Is the service responsive?

We found that some action had been taken to improve the responsiveness of care for people living at the service.

People and their relatives had been included in the review of care and had welcomed this improvement.

Requires improvement



Summary of findings

People knew who to complain to if they needed and the provider followed the complaint process appropriately.

Is the service well-led?

We found that action had been taken to improve the quality of the service.

There were now quality assurance audits that were regularly undertaken and monitored to improve the care that was provided.

People and relatives were confident in the new manager now that improvements were being made.

Requires improvement



Wispers Park Care Village

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Wispers Park Care Village on the 6 March 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider had been made following our inspections on the 22, 23 and 27 October 2014. The team inspected the service against all five questions we ask about services: is the service safe, is it effective, is it caring, is it responsive to people's needs and is it well-led. This is because the service was not meeting numerous legal requirements.

The inspection was undertaken by three inspectors.

During our inspection we spoke with 10 people who used the service, three relatives and five members of staff. We looked at four care plans, staff rotas, audits, and various policies and procedures that were followed by staff. We observed care being provided throughout the day including meal times.

Is the service safe?

Our findings

At the previous inspections on 23, 24 and 27 October 2014 the service was in breach of regulations 9, 11, 13 & 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. A warning notice had been issued in respect of regulation 9 as the service had not acted on the requirements of two fire inspection reports from Surrey Fire & Rescue Service (SFRS). Staff did not know what to do in the event of a fire and people did not have up to date personal evacuation plans. People told us they did not always feel safe in the home and staff did not always safeguard people from avoidable harm. Staff did not always understand the safeguarding procedures in the home. Incidents that may have constituted abuse were not always reported appropriately. Medicines were not always managed safely and information staff needed to give people their medicines was not always available. Certain medicines were not always stored safely. People had told us that there were not enough staff to meet their needs and that they sometimes had to wait for their call bells to be answered. It was not clear how many staff were needed to keep people safe.

On this focused inspection we found that the requirements of the warning notice had been met. The fire safety improvements had been made and this was confirmed by SFRS. Staff now understood what to do in the event of an emergency and people now had up to date personal evacuation plans that were regularly reviewed.

People told us that they now felt safe and relatives also told us they thought that their family members were safe in the home. Staff showed a good understanding of safeguarding, were able to describe the different types of abuse, how

they would recognise the signs and the action they would take if they were concerned. There had been a recent incident between two people which had been managed well and reported appropriately to the local authority.

Since the last inspection the provider had introduced a new, electronic system to help with the administration and management of people's medicines. Only appropriately trained staff administered medicines and recorded when they had been taken. This system helped reduce the risk of people not receiving their medicines. Where people were prescribed topical creams these were recorded as being administered separately in people's care records. Medicines that needed additional secure storage were now securely stored.

Since the last inspection the provider had closed one unit so only Willow and Oak units were now occupied. We saw that this had a positive effect on the care that was provided as staff no longer had to move between three floors which improved their ability to meet people's needs. The interim manager told us that the use of agency staff had reduced and when they were used they tried to ensure that the same staff were requested to ensure continuity of the care. People told us that whilst staffing levels had improved there were occasions when call bells were not answered quickly enough and in some instances this meant that their personal care had not been given on time. One person told us "I feel safe and there are enough staff at the moment". However we found on the day that call bells were being answered in a timely way by staff.

We recommend that staffing levels are regularly reviewed to ensure that people's needs are met in a timely way.

Is the service effective?

Our findings

At the previous inspections in October 2014 the service was in breach of regulations 9, 14, 15, 18 and 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staff did not always understand people's nutritional needs, where there was an identified risk of malnutrition or dehydration this was not effectively monitored. Whilst people had said the food was generally good they had not been asked about their preferences. The home did not have decoration or signage that would have enabled people living with dementia to be as independent as possible. Some people had their liberty unlawfully restricted and the provider was not meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). People's capacity had not always been formally assessed and not all staff had an understanding of the MCA. Staff had not received training that allowed them to effectively care for people with complex needs. Staff had also not received regular supervision that would have enabled them to discuss their roles and responsibilities. People's healthcare needs were not always being met and there were no documented plans in place to guide staff on whether people's health was improving.

On this inspection there were records which detailed what actions should be taken by staff to ensure that people's healthcare needs were met. Staff were able to describe to us the signs they looked for when people might be unwell and had a good understanding of the care each person needed. Effective action was taken by staff when it was identified that people needed medical treatment. A relative told us "My relative seems healthy and they look a lot better than when they were at home".

People were supported to eat and drink sufficient amounts. Where people had special dietary requirements and preferences these were recorded and followed by staff. However people also told us that they were not always consulted by the chef about the menus provided. People told us they selected their meal the day before but while some people told us they usually enjoyed their meal others stated they would like more choice. We spoke to the interim manager about this.

Nutritional risk assessments had been completed for those that needed them and reviewed regularly. People's weight was checked regularly, usually monthly unless there was a significant change when the frequency of checks increased. Staff understood the importance of people having the correct food and fluid intake and they monitored this daily. Records of those we checked confirmed that people received the recommended minimum fluid intake of around 1500mls per day and were given enough to eat.

Steps had been taken by the interim manager to improve the environment for people living with dementia. The unit where people were living with dementia had been partially redecorated with bold colours on hand rails and memory boxes outside rooms to help orientate people. The living room in one unit had been made into a dining room with a good use of colours that would help people living with dementia. The interim manager told us that these practical steps had made a difference to people and had made for a much calmer atmosphere in the home. This was confirmed by our observations on the day of the inspection.

Since the last inspection staff had received some training in key areas such as how to move people safely and safeguarding awareness. However not all staff had received up to date training in other areas including dementia awareness and the MCA. The interim manager told us that training was being prioritised to ensure that all the necessary areas were covered. Staff we spoke to told us they felt supported and the interim manager had introduced monthly supervision whilst the service made changes to keep them informed.

On this inspection we found that DoLS applications had been made appropriately where necessary. These are applications that are made to the local authority to ensure that people's freedom is not being unlawfully restricted. Staff were aware of the importance of explaining the reason for people's care as well as giving them enough time to think about their decisions. Staff spoke with people and gained their consent before providing support or assistance. People's capacity had now been assessed in relation to decisions about their care and a record of this kept in their care plans.

Is the service caring?

Our findings

At the previous inspections in October 2014 the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Staff did not always speak to people in a kind and caring manner, particularly at mealtimes. They also did not always tell people what they were doing when they assisted them. People told us that they felt that they weren't always encouraged to give their opinions.

On this inspection we saw that staff treated people with kindness and compassion and related to them in a courteous and friendly manner. They explained what they were doing and gave reassurance to people when needed. People told us they were treated with respect by the staff. Comments from people were that staff were "Kind" and

"Attentive". Staff gave examples of how they maintained people's privacy and dignity and we noted they knocked on doors and waited to be invited in before entering. They made sure the doors were closed whilst assisting people with their personal care.

People and their relatives told us that staff had been making an effort to involve them more in the care they provided. Minutes of the monthly residents and relatives meetings had been circulated to all and the timing of the meetings had been changed to the evening so that more relatives could attend. In addition we saw that the manager had been sending out invitations to people's representatives to attend formal reviews of their relatives' care. This change was welcomed by the people and relatives we spoke with.

Is the service responsive?

Our findings

At the previous inspections in October 2014 the service was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. People were not aware of, or involved in, the planning and delivery of their care. Relatives were also not always involved and had not contributed towards the care that was given to their loved ones. We found that the provider did not always respond to complaints about the quality of the service and there were incomplete records about how complaints had been dealt with.

On this inspection we saw care records were reviewed and contained a “This is me” document with personal details of the person concerned completed by a relative, their life history and information on their preferences, likes and

dislikes and medical information from the GP. Care plans included information about the support and care people needed with all aspects of their day to day lives including their physical health, nutrition, mobility, medicines usage and mental health. The care plans were reviewed monthly and updated where necessary to reflect any changes. Relatives told us they had been invited to attend a review of their family members care and welcomed the opportunity for increased involvement in discussions about their care and treatment.

There had been one complaint made since our inspection in October 2014 and we saw that this had been dealt with appropriately and in line with the complaints procedure by the interim manager. People told us they knew how to complain and who to if they had a concern about any aspect of the care they received.

Is the service well-led?

Our findings

At the previous inspections in October 2014 the service was in breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a warning notice had been issued as the service did not have an effective quality assurance monitoring system in place which put people at risk of harm. There had been a lack of management oversight of the home and we were advised that the registered manager had left.

On this focussed inspection we found that the requirements of the warning notice had been met... There was now a robust quality assurance process that was reviewed by the interim manager. People and relatives told us they were impressed by the interim manager and the improvements that had been made since they had started in the home. One relative told us they had spoken to the interim manager about an issue they had and said they were not “Defensive” and “Did not make excuses”. Another

said “The new manager has improved the service; previously the place was in such a mess”. The interim manager had submitted their application with CQC to become the registered manager of the home

There had been two residents and relatives meetings since October 2014 which had been introduced so that peoples’ views could be heard. We were told that these meetings had improved communication in the home. Staff meetings had started and issues that caused concern were discussed openly, for example in relation to the improvements needed following our first inspection of the home.

Audits that monitored people’s health were completed monthly, for example accidents, falls and pressure sore monitoring. These audits were checked and we noted that falls and accidents had reduced since the interim manager had introduced them. Where action was needed this was taken in a timely way to reduce the risks to people’s health, wellbeing and safety. Staff told us that they now knew what they were doing and were being given clear direction by the interim manager which in turn had given them confidence.