Acegold Limited

The Wimborne Care Home

Inspection report

179-181 Wimborne Road West
Wimborne
Dorset
BH21 2DJ

Tel: 01202877614
Website: www.brighterkind.com/thewimborne

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
The Wimborne Care Home is a residential care home providing accommodation and nursing care to 22 people aged 65 and over. At the time of our inspection two of these people were in hospital. The service can support up to 29 people. The first floor was accessed by a passenger lift or stairs with a stairlift if required. People had a communal dining room, lounge and conservatory which led out onto a level access garden.

People's experience of using this service and what we found
There was a lack of variety and availability of activities for people to enjoy. Although the organisation had a structured activities programme, this had not been implemented within the home. The registered manager told us they were looking to recruit another staff member to support and improve activities.

The home was due to start a programme of redecoration and renovation. This included painting the interior, creating designated storage space for equipment, replacing people's carpets and repairing a wet room. This had followed feedback from residents and relatives and an internal health and safety audit.

People told us they felt safe living at The Wimborne Care Home. Staff understood the signs that could indicate a person was experiencing harm and abuse and knew how to raise concerns both internally and to external agencies if required.

People were supported to maintain their health and well-being via timely referral to relevant health care services such as GPs, district nurses and specialist dentists. Good oral health was encouraged and supported by staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Refresher training was being provided to improve staff understanding of the Mental Capacity Act 2005 (MCA) including best practice when completing mental capacity assessments and best interests decision paperwork.

People had personalised care plans which were regularly reviewed with their involvement and included their needs, abilities and preferences. Staff knew people well which supported good care and meaningful interactions.

People were supported and encouraged to maintain contact with friends and family. Relatives told us they were made to feel welcome, were involved in their family member's care and could visit freely. Annual surveys gave people the opportunity to influence developments at the home.

The registered manager was seen as supportive, approachable and actively encouraging of staff professional development. Support to the registered manager was provided by a new deputy manager and

a regional support manager who visited the home on a weekly basis.

A variety of team meetings were used as a forum to discuss people's changing needs, reflect on practice and share learning.

People were supported by staff who enjoyed working at the home. One staff member told us, "I love the staff here, we're a team."

Rating at last inspection
The last rating for this service was good (published 6 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

The Wimborne Care Home

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 Care Act 2014.

Inspection team
The inspection was carried out by two inspectors and an Expert by Experience on day one.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Day two of the inspection was carried out by one inspector.

Service and service type
The Wimborne Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and three relatives about their experience of the care provided. We spoke with 13 members of staff including the registered manager, deputy manager, regional support manager, a registered nurse, care assistants, laundry, domestic, kitchen staff and the activities coordinator. We also spoke with a visiting healthcare professional.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. This included email assurances from the registered manager of planned maintenance and training sessions. We received email feedback from five healthcare professionals who liaise with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Although general environmental risk assessments had been completed to help ensure the safety of the home and equipment such as water temperature checks, safety of electrical appliances and fixed wardrobes, we observed one communal bathroom with an exposed hot water pipe. We informed the registered manager who immediately added this to the home's improvement plan. Following the inspection, the registered manager advised us the pipe was now covered and would be boxed in.

● We observed a gate that led on to the main car park. This was padlocked to ensure people were safe from leaving the home unaccompanied but was only waist height. This meant there was a risk it could be climbed by people at the home. We raised this with the registered manager and regional support manager who contacted the provider's property manager to arrange to make this more secure. Risks from this to people currently living at the home were minimal as only three people mobilised independently and were supported by staff when in the garden.

● People had personalised risk assessments with control measure detailed and known by staff to help people minimise the risks in their lives such as from falls, choking or fragile skin. Where people had wound management plans these included dated photos of wounds which meant their healing progress was monitored.

● People had specialist equipment related to their identified risks with staff using this in the way advised by professionals. This equipment was checked and serviced as required.

● People had personal emergency evacuation plans which were held in the home's marked emergency grab bag and each person's room file. These guided staff on how to support people to evacuate the home safely in the event of an emergency.

Preventing and controlling infection

● Some areas of the home were not clean and tidy on day one of the inspection. We raised this with the registered manager and they arranged to have the home cleaned. The home employs two full time domestic assistants, one of whom has recently returned from long term sick leave, and a part time domestic assistant. In addition, another part time domestic assistant was going through the recruitment process. The registered manager had identified the need to clean and replace carpets within the home. A new carpet cleaner had been purchased and the property manager had arranged for carpets to be replaced as part of home improvements.

● Staff had received infection control training and understood their responsibilities in this area. The home had a new cleaner who confirmed they had a good supply of products to carry out their role.

● Staff made appropriate use of the available personal protective equipment such as gloves and aprons.

Systems and processes to safeguard people from the risk of abuse

● People felt safe living at The Wimborne Care Home. Comments included: "Yes I feel safe here" and "I do feel safe here because there is always someone around to help."
● Staff knew how to safeguard people from harm and abuse. They told us they felt confident management would listen and act if they raised concerns. Staff knew how to raise concerns internally and to external organisations such as the local authority safeguarding team and CQC.

Staffing and recruitment
● There were enough staff on shift to meet people's needs. Staffing levels were set according to people's dependency and were reviewed when people's needs changed or there were fluctuations in the number of people living at the home.
● The home had safe recruitment practices. Pre-employment checks had been done to reduce the risk that staff were unsuitable to support people. This included dated references from previous employers and criminal record checks.

Using medicines safely
● Medicines were managed safely and administered by staff with the relevant training and competency assessments. One person said, "I take a lot of tablets daily and they bring them to me in the morning and at night; I don't have to worry about forgetting to take them which is a relief."
● Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.
● People who required covert medicines had GP letters on file to authorise this.
● Staff used a recognised pain management assessment tool for people at the home who found it more difficult to communicate their needs in this area.
● People had lockable medicines cabinets in their rooms. We observed three of these were positioned on the walls above chairs or beds which could pose a risk of people injuring themselves. We raised this with the regional support manager who said they would discuss this with the people concerned and look into relocating these.

Learning lessons when things go wrong
● Staff recorded accidents and incidents appropriately. The registered manager reviewed all incidents and accidents to investigate what had happened, determine the cause, identify potential themes and develop an action plan to help reduce the risk of a re-occurrence. For example, when a person had presented as dizzy and unsteady on their feet it was found the cause was them wearing old glasses. This had taught staff to 'think outside the box' when people were presenting with a new concern. Learning was shared at handovers, team meetings and during supervision.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Although people had mental capacity assessments these were not sufficiently detailed in describing the specific decision to be considered. For people assessed as lacking capacity to make a particular decision best interest forms had been completed. However, these did not always detail who had been involved in the decision. We spoke to the registered manager and deputy manager about this. On day two the deputy manager showed us samples of improved mental capacity assessment paperwork. They told us they would review these decisions and involve all relevant people and document this had been done. After the inspection they sent us evidence these meetings had been scheduled.
● MCA training had been booked to improve staff understanding. Nursing staff received MCA training from the home's safeguarding lead on day one of the inspection. The registered manager told us two further sessions would be held for care staff the first week in November 2019. One staff member who attended the training said, "We now know how to be more specific when doing people's mental capacity assessments."
● The home had applied to the local authority for each person that required DoLS and kept a record of when these were due to expire. The management told us they will email the relevant local authority on a bi-monthly basis to check on the progress of the applications. None of the people living at the home had conditions attached to their DoLS.

Adapting service, design, decoration to meet people's needs
● Despite people expressing satisfaction with 'the upkeep and maintenance of the home' in the 2018 survey, we observed areas of the interior of the home requiring refurbishment or replacement. These were known to the management and included carpets in people's rooms, a wet room and chipped paintwork. The

management had contacted the provider's property manager to request this work is prioritised. Staff member comments included, "I think it could do with a touch up in places" and "The carpets and décor doesn't send a good message to prospective residents and visitors." Health and safety minutes noted home redecoration was due to start the first week in November 2019.

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

● People had pre-admission assessments that supported their move to the home. On moving in, staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes.

● When the home identified shortfalls in staff performance timely internal investigations took place and disciplinary action was taken where required.

Staff support: induction, training, skills and experience

● People were supported by staff that had received an induction and shadowing opportunities with more experienced staff.

● Staff received mandatory training and ongoing training in areas such as fire safety, health and safety, medication, safeguarding and nutrition. Training was also provided by external professionals.

● Staff received supervision. This provided them with an opportunity to discuss concerns, reflect on their practice and discuss their professional development. Topics included: what new things they had learnt and what they had done to improve the quality of care to residents.

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

● People were supported to eat a healthy and varied diet according to their needs and preferences. People told us they enjoyed the food. Their comments included: "I had the chicken curry, it was very nice" and "I prefer to stay in my room, I have my meals in here too, the food is very good, plenty to eat."

● People were asked prior to each meal what they would like to eat and drink. Picture menus were used to help them choose. Staff took covered meals to people who had chosen to eat in their rooms. This ensured people had food that was warm and enjoyable to eat. One person said, "The food is always hot enough for me."

● People at risk of malnutrition and/or dehydration had their weight checked regularly and their intake monitored. In addition to drinks being offered throughout the day, a hydration station had been set up in the dining room for people and relatives to help themselves and promote good fluid intake.

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

● The home referred people to health and social care professionals to help maintain their health and well-being. A healthcare professional fedback to us via email, 'On the whole the home are pretty good with their referrals and liaising with us when they are concerned.'

● People had been supported to visit, or receive visits from, healthcare professionals including: community nurses, dentists, speech and language therapists and GPs. A visiting healthcare professional told us, "I always find their notes very good and up to date. The notes reflect the person. They are some of the better plans I've seen. Carers are knowledgeable." One healthcare professional did however advise us via email their team, 'Often wait for residents to be ready to see us despite organising an appointment and time.' We received no negative feedback from people about this.

● People's oral health was encouraged and maintained by staff who had clear written and photographic guidance to support good mouth care practice.

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were consistently kind, caring and attentive. People's comments included: "The carers and staff are very nice and look after me well", "The staff are all very nice here" and "They (staff) are all very nice and kind to me." A relative commented, "[Family member] seems quite content and speaks highly of the staff and they seem very caring to me." A healthcare professional fedback to us by email, 'What I have seen, they (staff) interact well.'
- People could live their day to day lives as they chose. Some people preferred to be more private and staff respected this.
- People's religious, cultural and spiritual needs were known and met. Monthly faith-based services were held at the home. Staff also supported people to get ready in time to attend services in the community.
- The service kept a record of compliments with these displayed around the home for people, staff and relatives to view. Comments included: 'Thank you very much for your wonderful care of our [family member]' and 'A huge thank you for your kindness, care, skill and empathy.'

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views about their care and makes decisions affecting their lives. This included what time they got up and went to bed and what they wore.
- Staff understood the importance of maintaining people's privacy. For example, we observed staff knocking on people's doors and waiting to be asked before entering.
- People had been able to personalise their rooms and bring in furniture and other items of sentimental value such as photos and ornaments which made them feel settled and at home. One person said, "I've got a small room, but I've made it my own with my bits and pieces."
- Staff supported people to live their lives with as much independence as possible. One staff member expressed, "By supporting people's independence we don't limit their lives and it gives them self-confidence."

Requires Improvement

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

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

- People and staff told us activities and social stimulation was limited. A person told us, "I think we need more outings". A member of staff said, "I feel the residents don't have enough to do. I feel they could have more 1:1s. I think there's been a lack of effort on activities and sometimes there are gaps. I've had residents feeling disappointed when there are gaps as they look forward to things". Another member of staff said, "There used to be more on, people used to go out more often".
- The most recent survey of people's views of the service identified that activities and social stimulation both inside and outside the home was an area that needed development.
- The home employed an activities co-ordinator who arranged social activities for people. However, the activities available for people to enjoy were limited. For example, the timetable for the upcoming week showed no activities at the home on two and a half days, this was due to the activity coordinator's availability.
- Many people spent all or some of their time in their room. This was due to their individual needs or choice. Records showed there was very little or no social stimulation for these people.
- People had been asked about their life histories, hobbies and interests within their assessments, but the home had not supported people to continue these or develop new ones.
- The organisation did have a structured activities programme. However, this had not been implemented within the home. We spoke to the registered manager about our concerns and they said they were looking to recruit another staff member to support activities.
- People were encouraged and supported to maintain contact with friends and family. We observed people enjoying visits from relatives. Relatives told us they were made to feel welcome and could visit freely. One relative commented, "I come in as much as I can, they [staff] make me feel very welcome." One person said, "[Relative] comes in to see me twice a week and [relative] can come in at any time day or night."

End of life care and support

- There were two people receiving end of life care at the time of inspection. They had end of life care plans in place and their care needs were being met.
- A health care professional who worked with the service told us they thought the staff needed to develop their knowledge for people who are at the end of their life. The management told us they would source additional training for staff.
- People had been supported to consider their advanced care needs and wishes. When people did not want to do this staff respected their decision.

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

preferences

● People had personalised care plans in place. Their needs, abilities and preferences were documented, known and met by staff. This supported people to receive person centred care.

● People's needs were regularly reviewed, with support from their relatives if they experienced difficulties communicating what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● The service identified people's individual information and communication needs by assessing them. For example, one person who was unable to communicate verbally had information within their care plan which guided staff on what facial expressions they were able to make and what this meant.

● People's communication support needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others, including professionals.

Improving care quality in response to complaints or concerns

● The home had a complaints policy with the procedure displayed prominently in the home. The management logged, tracked and resolved complaints in line with this policy. There had been only one complaint since the previous inspection. This had been resolved in line with the complaints policy. People and relatives told us if they need to complain they would speak to the registered manager or deputy manager. One person said, "I've nothing to complain about, but I would know what to do."

Good

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us they enjoyed working at The Wimborne Care Home. Their comments included: "I love the staff here, we're a team," "It's a great team of people to work with", "It's homely and you can be open if you make a mistake" and "The team are lovely, we all work well together." The registered manager said, "I've been here for 15 months. I did everyone's supervision to get to know them personally. I'm proud of the way I brought the team together. The residents absolutely love them."
- Staff felt the registered manager was supportive and approachable. One staff member told us, "[Name of registered manager] is lovely, very approachable. Someone who you can talk to."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were clear about their roles and responsibilities.
- Staff told us they felt valued and recognised. The home had a 'team member of the month' award where good practice was rewarded with a certificate and voucher. The registered manager said, "They know I appreciate them."
- The registered manager had ensured that all required notifications had been sent to external agencies such as the CQC and the local authority safeguarding. This is a legal requirement.
- The registered manager understood the requirements of Duty of Candour. They told us, "It's about making sure all relevant people are made aware of errors, acknowledging, not hiding, being open and transparent and keeping people up to date."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care; Working in partnership with others

- People were given an opportunity to feedback on their views of the home via an annual survey. In the 2018 people had given the home a 'customer satisfaction rating' of 81%. The home had produced a 'You said, We did' document to demonstrate to people and relatives the actions taken in response to their comments. These had included identifying carpets and soft furnishings requiring renewal.
- Quarterly residents and relatives' meetings were held with topics including home décor and good food choices. At the most recent meeting in October 2019 people had stated activities did not match the advertised programme. The registered manager told us they had spoken with the activities coordinator about this.

● Checks and audits were carried out which helped ensure people were safe, and the service met their needs. Audits covered areas including: safeguarding, falls, medicines and complaints. Although action plans were created these did not always detail who was responsible for resolving issues and timescales for completion. We raised this with the registered manager and regional support manager who told us they would review their auditing process to evidence actions taken and responsibilities for these with a clear sign off/completion date. We were shown an example of this improvement during the inspection.

● Supervisions and a range of team meetings were used as a forum for discussing people's changing needs, reflective practice, home developments and feedback from audits. A staff member told us, "You can speak up at the team meetings. They are very open." Although actions had followed these meetings this was not recorded in the minutes. We raised this with the registered manager and regional support manager who, with immediate effect, introduced a revised meeting template which included evidence of actions taken, by whom and when.

● The registered manager told us she felt "extremely supported from day one" by the regional support manager. They added, "Nothing is too much trouble. You can talk to [name of regional support manager] openly." The regional support manager told us they would visit the home "once a week minimum" to provide additional support. A new regional manager was due to start the week following our inspection.

● Prior to the new deputy manager coming to the home two months ago, the registered manager had been without a deputy manager for approximately nine months. The registered manager said, "I have a lot of support from [name of deputy manager] – her clinical skills are amazing. I could have done with [name of deputy manager] a year ago.'

● Staff told us their continuing professional development was supported. Records confirmed this. One staff member said, "I'm doing a supervisor and leadership course. I asked [name of registered manager] about this and they put me on it." The registered manager told us, "I like to help staff progress."

● The service worked in partnership with others to provide care, treatment and advice to people. This included developing and maintaining good working relationships with community nurses, a leg ulcer clinic, local authority commissioners, occupational therapists and GPs. Two healthcare professionals expressed to us via email they felt the home was well managed.

● The home recognised the benefits and opportunities for people of creating meaningful community links. People at the home were involved in a social media project which involved sending and responding to postcards from local schools. This provided an opportunity for inter-generational understanding and learning.