

# Gemini Care Limited







# Winchley Home

## Inspection report

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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?      | Good |  |
| Is the service well-led?        | Good |  |

### Overall summary

Winchley Home is registered to provide accommodation and non-nursing personal care, for up to 41 people, some of whom live with dementia. At the time of our inspection there were 36 people living at the home. The home is an older-style domestic building, with extensions, and has enclosed gardens. It is located in the Norfolk village of West Winch, close to the town of King's Lynn.

A registered manager was in post at the time of the inspection. 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 2008 and associated Regulations about how the service is run.

The inspection took place on 27 April 2015 and was unannounced. Our last inspection of this service was carried out on 10 April 2013 when the provider was meeting the regulations that we assessed against.

# Summary of findings

People were safe living at the home as staff were knowledgeable about reporting any abuse. However, procedures to report a safeguarding concern were not consistently followed. There were sufficient numbers of staff employed and recruitment procedures ensured that only suitable staff were employed. Arrangements were in place to ensure that people were protected with the safe management of their medicines.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS applications had been made to ensure that people's rights were protected. Staff were supported and trained to do their job.

People were supported to access a range of health care professionals and were supported to maintain their health. People were provided with adequate amounts of food and drink to meet their individual likes and nutritional and hydration needs.

People's privacy and dignity were respected and their care was provided in a caring and attentive way.

People were supported to take part in a range of in house activities. People's care records were kept up-to-date and people and their relatives were actively involved in making decisions about people's individual care needs. A complaints procedure was available and people could raise concerns with the staff at any time.

The provider had quality assurance processes and procedures in place to improve the quality and safety of people's support and care.

A staff training and development programme was in place and there was also a system to review the standard of staff members' work performance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

People were given their medicines as prescribed and there were systems in place to ensure that medicines were stored and recorded correctly.

Staff were aware of their roles and responsibilities in reducing people's risks of harm.

Recruitment procedures and numbers of staff made sure that people were looked after by sufficient numbers of suitable staff.

Good



### Is the service effective?

The service was effective.

People's rights were protected from unlawful decision making processes.

Staff were supported and trained to do their job.

People's health and nutritional needs were met.

Good



### Is the service caring?

The service was caring.

People received care that was attentive and their individual needs were met.

People's rights to privacy, dignity and independence were valued.

People's decisions about how they wanted to be looked after were respected.

Good



### Is the service responsive?

The service was responsive.

People, and their relatives, were actively involved in reviewing the person's care plan and their care needs.

In-house facilities and the provision of hobbies and interests supported people to take part in a range of activities that were important to them.

There was a procedure in place which was used to respond to people's concerns and complaints.

Good



### Is the service well-led?

The service was well-led.

Management procedures were in place to monitor and review the safety and quality of people's care and support.

People and staff were involved in the development of the home, with arrangements in place to listen to what they had to say.

Good



# Winchley 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 is 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 27 April 2015 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is

information about important events which the provider is required to send to us by law. Before the inspection we received information from a local authority quality assurance officer.

During the inspection we spoke with six people who used the service, two relatives, a visitor and two health care professionals. We also spoke with the registered manager, a member of housekeeping staff, a member of the kitchen staff and three members of care staff. We looked at three people's care records and records in relation to the management of the service and the management of staff. We observed people's care to assist us in our understanding of the quality of care people received.

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

# Is the service safe?

## Our findings

People said that they felt safe. A person said that they felt safe because, "There are plenty of women (staff) about." We were also told by another person, "I feel safe because I have been here so long and I'm well looked after." Relatives and health care professionals told us that they had no concerns about the safety of people because staff treated them well.

Staff were aware of their roles and responsibilities in relation to protecting people from harm. They gave examples of types of harm and what action they would take in protecting people and reporting such incidents. Information we had received demonstrated that procedures were followed in reporting incidents occurring that posed a risk of harm to people. However, this practice was not consistent; we were unable to find evidence to demonstrate that correct reporting procedures had been followed after an incident between two people, which had taken place during March 2015. We found, however, that care staff had taken immediate action at the time of the incident to protect people from the risk of a similar occurrence.

Staff were aware of the whistle-blowing policy and said that they had no reservations in reporting any incidents of poor care practice. One staff member said, "I know where the whistle blowing policy is: it is kept in the office." Another member of staff added, "I don't think anyone would be worried (about blowing the whistle)." Information in relation to whistle-blowing was publicly available for staff and visitors. This showed us that people were kept safe as much as possible.

People's risks to their health and safety were assessed and measures were in place to minimise these. Measures taken included the provision of pressure-relieving equipment to reduce the risk of pressure ulcers developing. Other measures included the training of staff in safe moving and handling techniques. We saw people were safely supported with their moving and handling needs by means of a hoist.

Relatives told us that there was always enough staff and a health care professional said, "I'm always greeted at the door and always have a carer to come with me (as a chaperone)." A member of the kitchen staff said, "It's always busy in the kitchen. But that's kitchen work for you. I get

help at busy times with washing up." A member of domestic staff told us that staff had, "Extra work to cover (for staff) sickness." A member of care staff said, "There is enough staff. There's always six (staff) on as they should be and holidays are covered by other staff. Very rarely we are without our full team." The registered manager advised us that she recruited staff so that changes in people's needs of staff were met. The atmosphere of the home was calm and we saw that people were being looked after by patient and unhurried members of staff. This included when they supported people to take their medicines and with eating and drinking.

Members of staff described their experiences of applying for their job and the required checks they were subjected to before they were employed to work at Winchley Home. Staff recruitment files confirmed that these checks had been carried out before the prospective employee was assessed to be suitable to look after people who lived at the home.

People were satisfied with how they were supported to take their prescribed medicines. One person said, "I have some tablets. I get them in the morning. They're blood pressure tablets. I get them every morning." Another person told us that they get their medicines when they needed them. A relative told us, "The levels of warfarin (blood thinning medicine) are very good, so I know that [family member] is getting the right dose. If he's not getting it continually his blood levels would be up and down." A health care professional told us that people were supported to take their medicines as prescribed and that these were kept under review by staff and the person's GP.

Medication administration records demonstrated that people were given their medicines as prescribed and we saw that staff ensured that people had safely taken their medicines. There was the use of covert (hidden) administration of medicines and this was carried out when a person was supported in the best interest decision process by their GP and relative. Medicines were safely stored when not in use. Staff responsible for the management of people's medicines told us that they had attended training and had been assessed to be competent in the management of people's medicines. Their training and competency assessment records confirmed this to be the case.

# Is the service effective?

## Our findings

A relative told us that they were satisfied that staff were knowledgeable in meeting their family member's needs. A healthcare professional said, "Staff have an understanding of people's individual needs and are aware of (how to use) pressure ulcer (prevention) equipment." Another health care professional told us that they were satisfied in how staff managed people's mental health needs and when people had become unsettled. They said, "The home has taken people with high needs and staff have managed these quite well."

Staff told us that they enjoyed their work. A member of kitchen staff said, "I do enjoy working here. I go out and meet the residents and get to know what they like and dislike (eating)." They told us that, because of this, they felt part of the staff team and that communication was good. They said, "If I didn't get communication from staff, I wouldn't be able to do my job well." A member of care staff said, "I enjoy my job. I like the team work and we get to know how each other work." They told us that they were supported by their work colleagues and the registered manager.

The support of staff included formal and informal support from the registered manager and work colleagues. Formal support was by means of one-to-one or group supervision and during team meetings, during which the training and welfare needs of staff were discussed with the registered manager. Following a change of provider, the registered manager said, "I'm feeling much more supported to really fulfil my duties as manager of the home, rather than a business manager."

Staff told us that they had attended a range of training in topics which included safeguarding adults from harm, medication, moving and handling, dementia and MCA and DoLS. Their training records confirmed this was the case.

We saw how staff applied their training into practice when speaking with people who were living with dementia. Staff spoke with people in a way that they were able to understand what was being said to them. We also saw how staff supported people when they were speaking about how they saw and understood things.

Systems were in place to assess people's mental capacity to make decisions about their care. Where people were assessed not to have mental capacity, their care was

carried out in their best interest. This included the use of covert administration of medication and support with their personal hygiene. Staff told us what they would do if a person was unwilling to give their permission in relation to being supported with their medicines or personal care. They described the strategies they would use to gain people's permission, which included allowing the person time to weigh up the information, or ask help from a member of more experienced staff. A staff member said, "Sometimes the person may favour one of us, for no particular reason. Sometimes we get advice from (staff of) the mental health team." DoLS applications had been submitted to the supervisory body to consider. This was to ensure that people had no unlawful restrictions imposed on them.

People said that they enjoyed their food and had a range of menu options to choose from. A person said, "I had a lovely breakfast." We were also told by another person, "The food is blooming lovely. It's homemade. There's been nothing I didn't want to eat. If you didn't want something they (staff) soon get you something else." A relative told us that their family member was eating well and had enough to eat and drink. They said, "He likes his food and he often asks for seconds. I've had to go out and buy the next size up trousers (for him)." Another relative told us that their family member asked for, and was given, extra helpings of cereal at breakfast time.

People said that they had enough to eat and drink. We saw that people were supported and encouraged to eat their food and were given snacks and a choice of hot and cold drinks between meals. People's special diets were catered for which included vegetarian options and soft and pureed foods. The registered manager advised us that buffet-style foods were provided during 'party days'.

People were satisfied with how their health needs were met and that they had access to a range of health care professionals. A person said, "If I need the doctor, they (staff) get one." Another person told us that they were visited by the district nurse three times each week to be treated for a skin condition. A relative said, "Whenever there is a problem, they (staff) get the doctor." A health care professional told us, "Staff look after people well and respond to their health needs very quickly." Another health care professional told us, "The staff are usually very prompt in alerting the (health) team." People's care records demonstrated that people's health needs were kept under

## Is the service effective?

review by their GP, chiropodist and employees of the mental health team. In addition, people's care records provided staff with the guidance in how to manage people's individual mental health needs.

The registered manager was a dementia care champion and told us how she had shared her knowledge with staff

members. We saw that staff spoke with people who were living with dementia in a way that they were able to understand. We also saw staff respected and engaged with people's interpretation of their reality, which supported the person's sense of their own identity.

## Is the service caring?

### Our findings

People said that they were looked after well. A person said, "It's a very nice place to be here. They (staff) are always sweet." Another person said, "We always have a laugh (with staff)." A health care professional said, "The staff are genuinely caring." We saw good examples of how staff involved and included people in their conversations at lunch time and when they were reading or dancing. We also saw people talk and laugh, in a friendly way, with each other and with members of staff.

Relatives had sent in thank you letters and cards. Some of these read, "We were especially impressed by how comfortable you made [family member]" and, "Thank you for such a good place and most of all real compassionate caring." We saw, which included observations during our SOFI, that people were being attended to and treated well by attentive and caring members of care staff. This included when people were supported with their moving and handling needs and when staff checked that people were comfortable.

Information about mental health advocacy and general advocacy services was not available for people to have access to. The manager advised us that advocacy services

were not being used but told us that they were aware of who to contact if such services were needed. Advocates are people who are independent and support people to make and communicate their views and wishes.

People's independence was promoted with their personal care, eating and drinking and with their mobility. A person said, "Staff say to me what I am doing is very good. It's encouraging."

People and their relatives told us that they were included in the development of the care plan. This included during the person's pre-admission assessment and after they were admitted to the home. People were also actively involved in their day-to-day decision making processes and were offered choices of how they wanted to spend their day. A person said, "I tell them (staff) when I want to go to bed and what they do for me is the best." Another person said, "They (staff) let us do what we like." A relative told us, "They ask [family member] if he is ready for bed." We saw people were asked where they wanted to sit and also where they wanted to eat their lunch.

The premises maximised people's privacy and dignity. Bedrooms were for single use only and communal toilet and bathing facilities were provided with lockable doors. We saw that people were supported with their personal care behind closed doors.



## Is the service responsive?

### Our findings

We saw people were involved in the day-to-day decision making process, which included decisions about what they would like to eat, drink and which television programme they wanted to watch. People's relatives said that the staff actively involved them in discussions about their family members' care. A relative said, "It's all been explained to me. [Family member's] needs have progressed more and I am kept up-to-date, on a need to know basis." Another relative told us, "I get involved in [family member's] care plan. I do know what is going on."

A relative said, "I do feel the carers know [family member]." Information about people's individual likes, their dislikes and what was important to them was obtained and recorded.

People's risk assessments and care plans were kept under review and changes were made when these were needed. This included changes in people's mental health needs and with their body weights.

People were supported to maintain contact with their family members and received their guests in private or in the communal spaces. A person said, "My daughter and son come to see me, when they can and they aren't restricted to when they can come." Another person said, "They (relatives) come when they can and there are no restrictions." A relative said, "I can come morning, evening or at night." We saw that some of the people had made friends with each other. A person told us, "It's nice to have company."

People's hobbies and interests included spending time with their relatives, reading, dancing and listening to music. A person said, "I've been dancing. I love dancing. I always have done." Another person said, "I don't really get bored as there is always something to do." We saw a person dancing with a member of staff to music being played from a DVD of a pop concert. We also saw people nodding and tapping when they were listening to music. A member of staff said, "They (people) love music. It's one way that helps some people become more settled and happier." The registered manager advised us that each month people are invited to attend a themed 'party day'. Staff told us that they had dressed up in keeping with the last 'party day'; the theme being characters from an overseas' film industry. A relative said, "They do a lot of activities. Staff do get dressed up in character."

People were supported to follow their beliefs and attend religious services, which were held in the home.

There was a complaints procedure available on entry to the home. People knew who to speak to if they were unhappy about something. A person said, "I'm not shy to speak my mind. I'd go to anyone if I'm not happy." Relatives and staff were aware of the complaints procedure and how to use it. A relative said, "I mentioned (a concern) about [family member's] care." They told us that they were satisfied with the response they had received. Another relative said, "Whatever I say to [registered manager] she follows it up." A local authority quality assurance officer said, "Any issues are dealt with quickly by the registered manager." The record of complaints demonstrated that no complaints had been made within the last twelve months.

# Is the service well-led?

## Our findings

The registered manager had been in post for several years and was supported by the provider, a team of care and ancillary staff. People knew who she was and we saw how they positively reacted to her. A person said to her, “It’s lovely to see you. You can come every day.” A health care professional told us that they knew who the registered manager was and their name. They also said, “The (registered) manager has always been forthcoming about any (people’s health care) issues. I find her very approachable.” Relatives also told us that they knew who the registered manager was and we saw that they freely spoke with her. We saw that the manager walked around the home to speak with people, relatives and members of staff. This showed us that the manager was available around the home and kept themselves aware of the culture.

Staff told us that they found the registered manager to be approachable. A member of staff said, “I feel I can go to her for anything. If we have any concerns, issues or suggestions we are welcome to have our say. We asked for new parasols as the weather is getting better and we got them delivered last week.” A member of catering staff said, “I see the (registered) manager quite a bit. She pops in here (the kitchen) or I pop into the office. If she finds something new, she comes to tell me.” This included new information in relation to foods that were not suitable to be pureed.

There were links with religious organisations that visited the home. This showed to us that the management of the home operated an open culture, as external visitors were welcomed, and that people were an integral part of the community.

Members of staff described and demonstrated the principles of good care. A member of staff said, “We make sure people are safe and well-looked after.”

Staff members told us that a representative of the registered provider visited the service during which they

had spoken with people. A member of staff said, “[Name of person] is very hands on and takes time to walk around and speaks to us and the residents and he knows most people’s names.” Records of these visits were kept. However, there was a lack of detail to support what actions had been taken in response to people’s views and findings of the premises.

The registered manager advised us that relatives’ and staff members’ views were obtained by means of surveys. A member of staff confirmed that they had received a survey to complete. A relative told us that they too, had received a survey to complete. We were also told that this was sent with a copy of the home’s latest newsletter, for their information of events about the home. The registered manager advised us that meetings were held for people and their relatives although records of these meetings were not made available for us to look at.

Records of accidents and incidents were made; there was no recurring theme for the provider to take action to improve the quality of people’s care. In addition, no complaints had been made for these to contribute to the provider’s quality assurance system.

Audits on medicines were carried out and action was taken in response to the findings. This included ensuring that people were given their medicines as prescribed and that stock levels of medicines were kept under control. Other audits included those for improving the refurbishment of the premises. Members of staff and the registered manager advised us that there were plans in place to improve the internal decoration of the home.

Staff meetings were held during which staff were reminded of their roles and responsibilities. This included maintaining people’s privacy and dignity and using safe moving and handling techniques. There was a staff disciplinary procedure in place which enabled the registered manager to address staff members work performance and their levels of absenteeism.