Care UK Community Partnerships Ltd

Winchcombe Place

Inspection report

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Date of inspection visit:
23 June 2017
26 June 2017
28 June 2017

Date of publication:
04 August 2017

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

Summary of findings

Overall summary

Winchcombe Place is a care home with nursing which provides personal care and support for up to 80 people with needs arising from old age. The service is provided in three 'units' over three floors. The ground floor caters for up to 30 people with personal care needs. The first floor accommodates up to 30 people living with dementia. The top floor accommodates up to 20 people, 15 with nursing needs and a further five people who have high dependency needs, possibly including the early stages of dementia.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

The service continued to work to keep people as safe as possible, by the way care was delivered; in terms of health and safety; premises maintenance and the provision of competent staff. The service had a robust recruitment process to ensure as far as possible, suitable staff were employed. Ongoing work was being undertaken to maintain and maximise premises safety. There was a need for additional staffing on the second floor at key times of day and in key areas.

People's rights and freedom were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Staff received effective induction, training and ongoing support to help them deliver a good service and encourage their development.

In some areas such as the provision of activities, the service exceeded fundamental standards. A wide range of creative opportunities were provided and new initiatives were being introduced by a motivated team of lifestyle coordinators.

Healthcare needs were well met and health issues were monitored. However, we found room for some further development in terms of recording with regard to fluid intake and turning records for some people. Some additional specialist equipment was needed. For example, additional 'crash mats' were required to replace the pressure mattresses currently being used, in some rooms, to reduce the risk of injury from falls.

The service had experienced several changes in key management posts and an unsettled period. The new manager had applied to become registered manager of the service. He was supported by the newly appointed deputy manager, the recently appointed customer relations manager and other key senior staff. Feedback from staff was positive and staff felt Winchcombe Place was a good place to work.

A range of monitoring and audit systems helped ensure that an effective overview of the service was maintained by the management team. Issues had been identified and addressed, or were in the process of being addressed. The management team had already identified further areas they wished to develop.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Winchcombe Place

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 checked 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 was a comprehensive inspection which took place on the 23rd, 26th and 28th of June 2017. The inspection was carried out by one inspector and the first day was unannounced. We last inspected the service in April 2015, at which time it was rated Good.

The service had provided a PIR prior to the inspection, which was used to plan the inspection process. 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 looked at the information provided in the PIR and used this to help us plan the inspection.

Prior to the inspection we reviewed all the current information we held about the service. This included notifications that we had received. Notifications are reports of events that the provider is required by law to inform us about. We also reviewed the last inspection report and contacted a representative of the local authority for their feedback.

During the inspection we spoke with various members of management including the recently appointed manager, the deputy manager, the operational support manager and customer relations manager. We also spoke with nursing and care staff including the nursing lead, medicines leads, lifestyle (activities) lead, the chef, the head of maintenance and four other staff. The manager was in the process of applying to become registered.

On the first day of the inspection 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 ate lunch with people in the service on day one and spent other time in the service informally observing interactions between people and the staff supporting them. We spoke to five of the people supported about their experience in the service and to four relatives.

We examined a sample of six care plans and other documents relating to people's care. We looked at a sample of other records to do with the operation of the service, including health and safety certification, recruitment records for four recent recruits and medicines recording.

Good

Is the service safe?

Our findings

The service continued to keep people as safe as possible. People and relatives felt people were safe and well cared for in the service. One person told us they were, "Very safe here." A relative said of their family member, "She is safe here." Another described the service as a, "Good, clean premises." People and relatives felt there was usually enough staff available and people, did not have to wait unduly, for support.

Staff had been trained on safeguarding vulnerable adults and knew their responsibilities if they had any concerns a person was being harmed. Staff told us they would have no hesitation in reporting any such concerns to management.

The health and safety of people, visitors and staff was addressed through regular servicing and safety checks by the in-house maintenance team and external contractors. For example, checks and servicing of electrical equipment, hoists, hot water safety valves and the fire detection and alarm system had all taken place. The recent replacement of some defective emergency lights had taken over three months but had been completed by the time of the inspection. Remedial work to address some small gaps around fire doors was undertaken immediately following the inspection. Hot water temperatures were taken by staff before bathing or showering people, but thermometers were not always immediately available in each location. Replacement thermometers were ordered during the inspection to ensure availability.

Where people had been risk assessed as being at risk of malnutrition or dehydration, monitoring of their intake took place and external referrals were made appropriately to healthcare professionals. Some people had been assessed as at risk of falls from bed during the night. Lowered beds had been provided and some people had 'crash mats' provided to reduce the risk of injury. A few others had a pressure relieving mattress placed beside their bed instead of a 'crash mat'. It was not clear whether this was the result of an occupational therapy assessment. The manager agreed to ensure appropriate equipment was provided in each case. Falls were monitored by management and people were referred for additional support as required. Other risks, such as choking, and skin integrity, were also assessed when necessary.

Based on the dependency tool used, the manager said the service appeared slightly over staffed but he acknowledged the need to consider such things as building layout as part of looking at staffing levels. We identified the need for additional staffing at key times on the second floor. This was based on observation of the domestic tasks staff had been unable to complete, the lack of sufficient staff presence in general and the number of people who required support at mealtimes. The manager agreed to re-assess the staffing needs there.

The management team acknowledged recruitment was challenging but said they were keen to only appoint people suitable for the role. A recruitment drive was under way and posts could now be advertised as soon as an existing employee's notice was accepted, potentially shortening the process. The service used recruitment fairs, a recruitment agency and social media advertising in the search for new staff. Eight prospective staff had recently been interviewed, of whom two had been appointed.

A robust pre-employment recruitment system was in use. Appropriate checks were carried out to confirm applicant's suitability and relevant records were available. Potential staff were given an observational task to complete as part of the assessment of their suitability for the role. New staff were paired with a 'buddy' from the established team to mentor them during their first few weeks in the service. The service had access to two in house 'bank' staff to cover shortfalls but had needed to use 340 hours of agency cover in the week before the inspection to cover vacancies and sickness. This was due to reduce as recruitment checks were completed on several new appointees. Appropriate records and confirmation of identity were available in respect of the agency staff used and the service tried to reuse known agency staff to maximise their effectiveness.

Medicines were managed safely on people's behalf where they could not do this for themselves. Records conformed to national guidance and were regularly monitored. People's medicines records included details about any allergies and of how they preferred to take their medicines. Where people had 'as required' (PRN) medicines, an individual PRN protocol was in place describing the reason for the medicine and in what circumstances it should be given. A pain chart was available where a person could not verbally express they were in pain. This was to assist staff to know when to administer pain relief.

Staff who administered medicines received training and regular updates and had their competency reviewed annually. Medicines lead staff were confident about and familiar with the system and the reasons for particular processes. Where medicines errors or omissions had occurred, these had been reported, investigated and followed up appropriately. A 'gap analysis' form was completed to identify the cause when a gap was found in medicines administration records.

Good

Is the service effective?

Our findings

People felt the service provided effective, consistent care and the staff were competent and knowledgeable. One relative told us, "The care is great." and described how their family member's mental and physical wellbeing had improved since coming to the service. Another said of the service, "On the whole, it is very good." Relatives felt people's healthcare was well managed and diet and fluids were monitored effectively. People were happy with the food provided. One said, "The food is good, you can always ask for something you want to eat. People were happy with the healthcare support received. One said, "They look after your health and call the GP in if necessary." A relative told us, "The care is very good and the food is very pleasant and diverse."

New staff were provided with an effective induction in line with the nationally recognised Care Certificate, and also received a one week induction to the specific service. They were supernumerary for two weeks and shadowed experienced staff to get to know people. The provider supplied a rolling training programme for all core skills with courses regularly updated.

Staff received ongoing personal support and skills development via supervision meetings and annual development appraisals. The record of supervision showed that the frequency varied between staff. Most, but not all, had received supervision in the last 4 months. All staff had completed the training to become 'Dementia Friends', a national scheme to promote understanding of the needs of people living with dementia. Staff communicated effectively, passing on relevant information during handover meetings.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The service had applied for DoLS in situations where this was required.

Where people were unable to make key decisions we saw their capacity had been assessed and, where necessary, best interest decisions had been made involving relevant other people. Where. possible people had consented themselves to the use of equipment which might restrict their liberty, such as raised bedsides at night.

People were offered a three course lunch and a range of choices at mealtimes. They chose from two main options but could also ask for additional items and specific foods they enjoyed. Extra staff, including 'hostesses' were deployed alongside care staff at mealtimes to provide assistance and encouragement, serve meals and take them to people who wished to eat in their bedroom. The hostess role was very beneficial since they helped lay up, prepare and clear the tables as well as preparing menus and other aspects. This meant care staff were not solely responsible for these tasks in addition to their care responsibilities. Where we noted the absence of a hostess during the inspection, it was evident care staff did not have sufficient time for all of these tasks.

The staff provided additional monitoring such as food and fluids charts when risk assessment had identified

a potential risk. These were kept under ongoing review to determine the necessity for them continuing. One of the fluid charts seen did not indicate the action taken in response to the person's fluid intake being beneath the daily target. Others provided more detail and included reference to actions, such as "push more fluids". The newly appointed deputy manager agreed to review the completion of these records to ensure any actions were recorded.

People's other health needs were managed effectively. The service liaised well with external healthcare specialists as required, such as the speech and language therapy team, GP's and district nursing service. The incidence of pressure areas was carefully monitored by the service and the provider and triggered referral for external advice when necessary. Where people were at risk of developing pressure sores, turning charts were in place to monitor the steps taken to reduce the risk. Two of the turning charts seen lacked sufficient detail or showed longer periods between turning, without sufficient explanation. The deputy manager agreed to review the completion of these to ensure people were turned as indicated, or their refusals were noted. We saw no evidence anyone had developed a pressure ulcer as the result of any omissions, and were told by the manager, no one had a pressure ulcer at the time of the inspection. The service had worked with the NHS Trust's 'Care Home Support Team' to promote ongoing improvements in healthcare practice including falls monitoring and reducing hospital admissions.

The service was bright and well-lit throughout and corridors were wide, unobstructed and provided with handrails. Each bedroom had an ensuite shower toilet and additional baths and toilets were provided on each floor. Lounge/dining rooms were present on each floor, each with a kitchenette. The need for carrying dirty laundry throughout the home was avoided by the provision of a laundry chute on each floor. A range of additional facilities were provided, including a self-service coffee shop next to the front door, a hair salon, a cinema room, a small library and a garden themed room. There were plans to develop a sensory room in the near future. The coffee shop provided a busy focus for the ground floor of the service. It was very well used by people and their visitors to socialise and also for some activities. People from the other two floors of the service also had some access to the coffee shop with family or staff support.

Within the dementia unit good use was made of memory boxes containing items to which the individual would relate. Bedroom doors were painted a contrasting colour to the surrounding walls and toilet seats in contrasting colour were provided to assist with orientation. Different wall colours were used in different corridors throughout the home, which could have been developed further in the dementia unit to better assist people to locate their rooms. Additional signage was on order to assist with this.

A period tearoom setting had been created with appropriate furniture and decorative items. Staff were encouraging people and their families to use it as a relaxing space. Some other reminiscence, sensory and interactive equipment was also provided, but there remained some room for further development in this area. There was level access to a large enclosed garden, provided with flat circular pathways and other walks. Planting included sensory garden, being developed further with the assistance of relatives, residents and external volunteers.

Good

Is the service caring?

Our findings

The service continued to provide caring support to people. People and relatives viewed the staff as kind and caring and felt they respected people's individuality and dignity. Three people all told us they were happy with the care they received and said staff were caring and respectful. Another person said, "The staff are the strength, they get to know you, nothing is too much trouble. They all speak respectfully and look after dignity."

A relative said of staff, "They are very gentle. They make her feel at ease, they look out for her dignity." Another relative said, "The care is spot on, they treat [name] with dignity, she is very happy here." A third described staff as, "Lovely, very kind, amazing, patient and understanding."

People were asked their views about things in the service and these were respected. For example, some people had opted not to place photos or objects in the memory boxes provided outside their bedroom door. People and relatives, where appropriate, were involved in discussions about care plans and their views were taken account of. A relative observed. "I am very impressed with how they look after [name] and respect her."

We saw staff worked in ways respectful of people's dignity and supported their privacy. Doors and blinds/curtains were closed prior to supporting them with personal care. Staff talked about making sure they took all required items with them before supporting baths or showers. This meant people were not left undressed unnecessarily, while they went to fetch things like flannels and shampoo. Also, when people were dancing to music in the lounge, staff actively included those using wheelchairs, so they did not miss out on the activity. We saw wheelchair users supported to attend other activities as well. When speaking with us, staff confidently explained how they respected people's dignity in practical ways although one or two examples of inappropriate terminology were used. The manager and deputy agreed to re-visit the issue of dignity in terms of the use of language with the staff team.

Care plans referred to people's dignity in terms of their personal appearance, such as nail and hair care. People's end of life care wishes were documented where people or their representatives were prepared to share them, so their wishes could be respected. A relative whose family member had recently died, told us, "I couldn't have asked for better care for my mother. Everyone was supportive and caring". They felt staff had shown, "Exceptional kindness and care," and had been, "Incredibly good with dignity and especially her comfort."

People's care files reflected respect for them as individuals. They included details about things like preferred names, communication, gender preference regarding care staff and whether people had spiritual needs. For example, one person's file noted, "Explain your actions to [name] with eye contact", to reduce their agitation and anxiety. Another file stated the person did not wish for resuscitation to be tried and did not want to be hospitalised. The "This Is Me" records of people's life, history and interests sometimes contained limited information. However, each person had a separate 'life story book', developed as part of the provider's dementia strategy. These were living documents, completed with photographs and information as it

became known, to reflect the person's life, history and what they wished to share with staff. People's care plans reflected their preferences, choices and how they expressed them. They referred to the person's self-caring ability so staff could encourage this to maintain their skills.

Good

Is the service responsive?

Our findings

People and relatives told us staff were aware of, and responded in a timely way to, changes in people's needs and any suggestions or issues raised by families. People said they were encouraged to take part in the events and activities provided but could choose whether they wanted to do so. A relative was happy that staff encouraged involvement as they said their family member needed to be encouraged in this way.

People were admitted following an initial assessment by the customer relations manager, followed by a pre-admission assessment by one of the senior care team. From this an initial care plan was compiled and information gathered regarding the person's preferences, likes, dislikes and life history, where possible. Care plans were detailed and gave staff the information they needed to provide person-centred care. However, these were initially held on computer and the care plan summaries available to staff on paper in in people's files, lacked some of the necessary detail. Following discussion, the management team and operational support manager decided to reinstate the full paper care plans in peoples care files. This would ensure all staff had access to the level of detail necessary about people's wishes and preferences as well as their needs. Care plans were linked to individual risk assessments were necessary and detailed the person's self-caring abilities so staff could support this.

People's care plans were kept under regular review using a 'resident of the day' scheme. The needs of one person per floor were focused on each day and their care plan reviewed in turn. As part of this their views were sought about such things as their care, the meals and activities.

The service had recently introduced the "Wishing Well", where people were encouraged to write down something they had always wanted to do. Staff then tried to make this happen for them. One person's wish for a particular outing had already been successfully provided and another wish was provided for on the first day of the inspection. It was evident from the person's reactions that this was a very positive experience for them.

The activities and entertainment provision was a particular strength in the service. The service had a specific budget and a dedicated team of staff to enable a meaningful activities programme. Staff held fundraising events to increase available funds, sometimes in their own time. A wide ranging activities and events programme was provided by the 'Lifestyle' team, whose members spoke enthusiastically about the programme and the benefits it provided for people.

Activities and entertainment were provided on all floors as well as in the ground floor coffee bar. During the inspection staff and managers took part in a hobby horse race in the garden, in honour of Royal Ascot. More than 20 people and some relatives enjoyed the races and the refreshments provided. Further events were planned including a seaside day, for which a visit by a donkey had been arranged. A separate hobby and craft room was available for art and craft activities. People had been supported to access events in the community too. For example, in one case two people enjoyed a meal in a restaurant together, with discreet staff support. The effectiveness and popularity of the activities provided were monitored to continually develop the provision as was people's participation level.

Copies of the current week's activity programme were posted about the service and placed in each bedroom so people and visitors were aware of them. Staff encouraged people to attend and enabled this if they wished to do so. Ongoing 'activities' were provided, such as a large jigsaw set up on a table near the lounge so people and staff could contribute as they passed by. Interactive reminiscence items and areas were available and people were encouraged to use them. A new interactive projector system was on order for each floor. This projected moving images or interactive games onto any horizontal service with which people could interact. The system was reportedly particularly beneficial to people living with dementia.

The service worked well with external healthcare providers and engaged well with local businesses and schools to the benefit of the service and the people supported. For example, through links with local schools, pupils came in to visit people, read stories and perform choir concerts. Local businesses had contributed sponsorship and volunteers to assist with projects such as the sensory garden developments. The project involved relatives and people had been actively involved in choosing the plants they wanted used. The service held a monthly 'memories Café' event to which people in the community, living with dementia were invited, alongside their carers and people in the service. This provided opportunities for people to find friendship with others and share activities and concerns. The photos and attendance records showed these were popular and effective events. The Lifestyle lead staff member had regular meetings with colleagues in the provider's other services and attended events by activities organisations such as The National Activity Providers Association. (NAPA). NAPA is a national charity who promotes the provision of meaningful activities for older people and provides resources and training. The Lifestyle Lead had also attended other training on the provision of relevant activities and stimulation.

People and relatives were happy with the service and those we spoke with had not had cause to make any recent complaints. They felt management listened to them and would address any concerns raised with them. One person said they had raised issues in the past and they had been resolved. One person told us, "There is nothing they could do better." Only one complaint had been recorded in the previous 12 months, which had been resolved appropriately. Several compliments had been received in the same period.

Good

Is the service well-led?

Our findings

The service was well led. People and relatives who had met the new manager and deputy found them approachable. One relative told us, "The new management are very helpful and caring."

A new manager had recently been appointed who had applied to become registered manager. 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 new manager and deputy manager had attended staff handovers and spent time throughout the service to get to know people and staff. The clinical and nursing 'leads' had some protected time to enable monitoring and review as well as practical hands-on time. Various combinations of senior and management staff met regularly to plan and review the effectiveness of the service. Weekly clinical review meetings took place for the nursing unit, and the NHS Trust's care home support team had attended these. Staff meetings took place periodically involving various groups of the staff team, so everyone had opportunities to meet with colleagues to discuss their views.

The manager planned a range of monitoring and audit checks and visits and had systems in place to record the findings and identify any action plans. For example, a recent night audit had found staff engaged positively with people who were awake as well as monitoring others. The provider also had audit and monitoring systems, including periodic support visits and a twice yearly governance review, most recently completed in February and July 2016 and January 2017. The July 2016 report noted significant improvements had been made in recording. However, further improvement was needed in fluids monitoring and weight records and the actions taken to address related concerns. The call bell system enabled response times to be monitored. This helped to demonstrate people received a timely response to call bells, and supported follow-up in the event of related complaints. A 'compliance' file was maintained to demonstrate effective service monitoring and governance.

Various systems were used to communicate with people and staff about events, significant dates, changes and upcoming social activities. These included a staff newsletter, activities notices and the 'Daily Sparkle' which contained information about past events and personalities.

A recent survey of people and relative's views was undertaken by telephone, between October 2016 and February 2017. Very positive feedback was obtained with all areas rated 85% positive or higher with the exception of laundry provision which scored 78% and required improvement.

The views of staff had also been sought via a survey in early 2017. The survey showed a high level of staff engagement and positive feedback from many about the service as well as some areas for further improvement. We received positive feedback from staff about the service, management, the provider and the team. One staff member said it was, "A really good team, they are like family." Another said their unit

'lead' was very good. A further staff member commended the organisation and management's high standards and positivity.

Positive feedback had also been obtained from relatives via an independent care quality website. Relatives comments had included, "Her quality of life has improved beyond our expectations," "Carers…all treat her as special and as an individual." and "To me it has been the extra thought and support that has confirmed we have made the right choice."

The service sought links with external care providers and other relevant organisations such as the 'National Activity Provider's Association', 'Dementia Friends', the 'West Berkshire Dementia Action Alliance', the local care homes association, local authority and others. Management and staff had built positive relationships with local schools and businesses and sought to develop and innovate within the service. For example, through seeking out innovative technology to benefit the people supported. The service also reached out and engaged positively with the local community, for example through the 'Memories Café' events, accessible to local people living with dementia.