

The Worthies Residential Care Home Limited

The Worthies

Inspection report

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Bristol, BS16 1DT
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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 14 April 2015 and was unannounced. The previous inspection of The Worthies was on 24 June 2013. There were no breaches of the legal requirements at that time.

The Worthies is a care home without nursing for up to 26 people.

There was a registered manager in post. 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.

People said they felt safe living at The Worthies and could talk to staff if they had any concerns. However there were shortcomings in the safety of the service. People's medicines were not always being managed in a safe way. We also found that although most parts of the home were clean, some areas were not in a hygienic state. The condition of some facilities meant they were difficult to keep clean.

There were procedures in place for checking the home and the service people received. However, these were not being followed consistently to ensure good standards were maintained. The checks were not always effective in identifying areas for improvement.

Summary of findings

People told us the staff were available to help them when needed. New staff had been checked to ensure they were suitable for the work and were safe to be working with people. Staff knew how people could be at risk of abuse and the need to report any concerns they may have.

People said the staff supported them in a friendly and respectful way. Staff told us they felt well supported and received training so they were competent in the tasks they undertook. Staff understood their responsibilities in relation to the Mental Capacity Act 2005. This meant people's rights were protected when they lacked capacity to make decisions about their care and support.

People felt their needs were being met at the home. They received support in different areas of their lives. A range of social activities were arranged and staff were aware of people's individual needs. One person said they continued to attend the church they had been to for many years. Relatives told us they felt welcome at the home and were able to pass on their views.

A person said the meals were one of the main things liked about the home. People's comments included "The meals are fine" and "I'm never hungry". Staff understood the importance of people having a suitable diet and enough to drink. People's health was being monitored and any concerns followed up with the appropriate healthcare professionals.

People felt they could talk to staff about their care and what they wanted to do. Care plans had been produced and people's needs were being kept under review. One person told us it was good to have a plan, as it meant staff "would know what I need and what they have to do."

We found three breaches of regulations during our inspection. You can see what action we told the provider to take at the back of the full version of the report.

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 not safe in all aspects. People's medicines were not being safely managed. Not all areas of the home were being kept in a hygienic condition.

Staff were available to support people when needed. Checks had been carried out on new staff to ensure they were safe to be working with people.

Staff understood their responsibility to safeguard people from abuse. They knew how to report any concerns they had.

Requires Improvement



Is the service effective?

The service was effective. People felt their needs were being met at the home. They spoke positively about the support they received from staff.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005. They respected the choices and decisions people made about their daily routines.

Staff received training that was relevant to their role and helped to ensure they provided effective support to people.

Good



Is the service caring?

The service was caring. The relationships between people and staff were friendly and positive. Staff spoke in a respectful way about the people they supported.

People's cultural and diverse needs were respected. Their relatives felt welcome in the home and were kept well informed.

Good



Is the service responsive?

The service was responsive. People had the opportunity to talk about their care and support. Their care needs were being reviewed regularly to ensure they received the support they required.

People had the opportunity to take part in a range of activities. They were provided with information about the home, including how to make a complaint.

Good



Is the service well-led?

The service was not well led in all aspects. Although various checks were being undertaken, these did not ensure that good standards were maintained in all areas.

There was an appropriate management and staffing structure in place. Staff felt supported in their roles and understood the aims of the service.

Requires Improvement



The Worthies

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.

An inspector undertook this inspection on 14 April 2015. The inspection was unannounced.

Before the inspection we reviewed the information and notifications we had received about the service. A notification is information about important events which the provider is required to tell us about by law. Prior to our visit we had also asked for a Provider Information Return (PIR) to be returned to us. This is a form that asks the

provider to give some key information about the service, what the service does well and the improvements they plan to make. We did not receive the PIR at the time it was asked for.

During our inspection we spoke with five people who lived at The Worthies and with two people's relatives. We spoke with the registered manager and with three staff members. We also met with a director from The Worthies Residential Care Home Limited who was in the role of nominated individual. The nominated individual acts as the main point of contact between the provider and the Commission.

We made observations throughout the day in order to see how people were supported. We looked at three people's care records, together with other records relating to their support and the running of the service. These included staff employment records and records in relation to quality assurance.

Is the service safe?

Our findings

People said they felt safe living at The Worthies. One person told us they did a lot of things for themselves but said staff checked on them, for example when they had a bath. They said this made them feel safer.

One person told us the staff helped with their medicines, which they felt was safer for them. We found shortcomings however in how people's medicines were being managed. These included the way medicines were being kept, which did not provide the level of safety expected. We saw some controlled drugs (CDs) were not being stored in an approved CD cabinet.

Some medicines which required refrigeration were kept in an unlocked fridge in the kitchen. Staff we spoke with were aware of the acceptable temperature range for items kept in the fridge but records showed this was not always maintained. If medicines are not stored at the correct temperature they may not work in the way intended. This presents a risk to the health and wellbeing of the person receiving the medicine. Eye drops kept in the fridge had not been dated to show when they had been opened. This practice helps to ensure the contents are not used for a longer period than is recommended.

Suitable arrangements were not being made in relation to the management of medicines. This was a breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us their bedrooms were kept clean by staff. Most parts of the home we saw looked clean. However, there were areas which were not in a hygienic condition and the condition of some facilities meant they were difficult to keep clean. For example, the chrome handle on a toilet was very corroded; the raised seat on another toilet was discoloured in places and the underneath of the seat was in need of a more thorough clean.

There was a risk of cross-contamination in the laundry area because open baskets of clean and dirty items were kept close together. There was a build up of dirt at the back of a sink in the laundry and the sealant was missing or damaged. The overall condition meant that it was difficult to keep this area clean and to create a hygienic environment.

Suitable arrangements were not being made in relation to cleanliness and infection control. This was a breach of Regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they could talk to staff if they had any concerns. The staff we spoke with were familiar with the home's procedures for safeguarding people. They were aware of the different forms of abuse that can arise. Records showed that staff had received training about safeguarding. Staff said they had found this training useful. They understood the need to report any concerns they had about people being at risk of abuse.

Staff were aware of risks to people's health and safety arising from their care needs. They had a good understanding of potential hazards and the action they needed to take to promote people's wellbeing. For example, staff mentioned the risk of people developing pressure ulcers and the need to check people's skin condition regularly. People's care records showed that risks had been assessed in areas such as mobility and when having a bath.

Staff told us nobody required the regular use of a hoist although one was available if assistance was needed in the event of someone having a fall. We saw that equipment such as the hoist and hydraulic bath chairs had been serviced to ensure they were working safely. The safety of portable electrical appliances had also been checked. Where accidents had occurred, we saw these had been documented to give an overview of what had happened and the action taken to prevent a reoccurrence.

One person told us about the home's call alarm system. They said they used a "buzzer" in their room for calling staff if they wanted assistance. People told us there were staff available when needed; their comments included "Plenty of staff" and "There's always someone around." The registered manager said staffing levels were reviewed on a regular basis to ensure there were enough staff to meet people's needs. They told us that feedback from staff helped to inform the decisions being made about staffing levels.

People said they felt safe with the staff who supported them. Staff told us they had undergone a thorough recruitment process. They said various checks had been undertaken to confirm their suitability before they started work. Records showed that applicants' personal details

Is the service safe?

and backgrounds were being verified. References had been obtained and information received from the Disclosure and

Barring Service (DBS). The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they were barred from working with adults.

Is the service effective?

Our findings

People told us the home was meeting their needs. The support that people needed varied; although some people needed a lot of support, others said they managed much of their own personal care. People said staff had got to know them well and knew what they were able to do for themselves. Staff said it was important to assist people in ways which promoted their independence. We heard, for example, how people were supported to maintain their mobility through the use of walking aids. A relative told us they had seen an improvement in their family member's well being since they moved into the home.

People said they felt staff were competent when providing them with support. Staff told us about the training they had received; this covered a variety of subjects such as moving and handling, dementia care and first aid. They said a lot of the training was provided through dvds although some subjects involved a 'classroom' or practical session. This more 'hands on' form of training was valued by staff because it gave them the opportunity to discuss their learning with other people.

New staff undertook a period of induction before starting to care for people on their own. Staff said that during their induction they learnt about the home's procedures and how people liked to be supported. This helped to ensure new staff cared for people in a consistent way which met their needs. Staff told us there was information in people's records which kept them up to date about their care needs. Information about people's care was also being shared at handover meetings when there was a change in staffing during the day.

Feedback from staff showed they respected people's choices and the decisions they made about daily routines and activities. Staff we spoke with understood that informed decision making was dependant on people's mental capacity. They were aware of their responsibilities in relation to the Mental Capacity Act 2005. This is legislation that protects the rights of people who are unable to make decisions independently about their own care. Records showed that when people lacked capacity to make an informed decision, other people had been involved and action taken which was in the person's 'best interests'.

Action had also been taken to ensure that people were not being unlawfully deprived of their liberty. People's individual circumstances had been reviewed. The registered manager told us that, as a result, applications had been made to the local authority for authorisations to be granted under the Deprivation of Liberty Safeguards (DoLS). DoLS is the process by which a person in a care home can be deprived of their liberty if this is agreed to be in their best interests and there is no other way to look after the person safely.

We saw people exercising choice within the home. This included deciding where they wanted to spend their time. People could choose between being in one of the lounges or to be in their own rooms. One person told us they liked to use a patio area that was easily accessible from the dining room. Staff said they helped people to make decisions about what to wear each day. During the morning, people were asked by staff about their choice of lunch meal. One person commented "You always get a choice; they come before the meal and ask us."

People spoke positively about the meals; one person said they were one of the main things liked about the home. Other comments included "The meals are fine" and "I'm never hungry". Staff told us everybody was able to eat independently. At lunchtime we saw the meals being served to people in the dining room; staff were attentive and recognised when people would benefit from some assistance or encouragement. Portion sizes were varied and a staff member commented "We've got to know people's likes and dislikes and how much they want".

Staff we spoke with were aware of the importance of people maintaining their nutritional and fluid intake. We saw people being supported with drinks during the day. The registered manager said that the risks relating to poor nutrition had been assessed. Nobody was identified as being at risk although one person received 'build up' drinks to supplement their intake.

Staff said they reported any concerns about people's health and well being, for example if someone was not eating or drinking as usual. Action could then be taken to follow up the concern, such as taking advice from a health care professional. One person told us "They are good at getting the doctor if you need one". We also heard that an optician and chiropodist visited people at the home. The registered manager said there was a very good relationship with the local GP surgery and people received good support from

Is the service effective?

the community nurses. Records showed that people received support from a range of health and social care professionals to ensure that their needs were met. For some people, this included receiving specialist support, including that provided by the mental health team.

Is the service caring?

Our findings

People said the staff were friendly and caring. One person told us “The staff treat me well” and we heard positive comments about the staff team. Individual staff members were described as “kind” and “helpful.”

Staff spoke to and about people in a respectful way. Any terms of endearment were used appropriately. The registered manager introduced us to people at the home and clearly explained the purpose of our visit. This helped to reassure people.

We observed positive interactions between staff and people at the home. For example, when one person became upset they were comforted by staff and the person responded positively. At various times, staff complimented people on their appearance and took an interest in what they were doing. The approach of staff made people feel valued and enhanced their wellbeing. Staff asked people how they were feeling. Some people were prescribed pain relief on a PRN (as required) basis and were asked at times if this was needed.

People spoke about a homely environment and feeling comfortable in their surroundings. One person commented “They allow us plenty of freedom.” There were lounges which provided people with different outlooks and the opportunity to be with other people or to have a more private space. We saw that people were encouraged to take an active role in the home. One person for example collected the post during the morning and brought it to the home’s office.

Relatives spoke favourably about the approach of staff and the relationships they observed. They said they were made to feel welcome at the home. One relative commented on the friendly conversations and laughter they heard when visiting. We found there was a positive and calm atmosphere. However, this was affected on occasions by the sound of alarms that had been fitted to a number of doors.

Staff spoke positively about the involvement of relatives and how their contribution promoted people’s well being. This included supporting people with health appointments and social activities. Staff told us that when outings were arranged, a number of places would be kept for any relatives who wished to be included.

Relatives also provided details of people’s personal backgrounds and their preferred routines. This was important because not everyone was able to pass on this information fully themselves. The information was added to the care records so that staff were aware of people’s likes and dislikes and significant matters relating to their life histories.

People’s cultural and diverse needs were respected. Two people told us about their religious beliefs and how they were able to follow these at the home. For one person, this meant continuing to attend the church they had been to for many years. Information about people’s cultural and faith backgrounds was included in their records so there was a clear statement about their individual needs. The registered manager said that diet was not a current factor in terms of people’s cultural and faith needs. We were told however they did have recent experience of supporting a person who had specific cultural needs in relation to their diet and appearance.

The registered manager told us nobody currently received end of life care at the home, although this had been provided in the past. They explained the arrangements that were made. These included working closely with the GP and community nurses, as well as with the person themselves as far as possible. Records showed that details were being sought from people about their end of life wishes. This provided useful information if and when a specific care plan needed to be produced.

Is the service responsive?

Our findings

People told us they received support in different areas of their lives. They felt they could talk to staff about their care and what they wanted to do. One person said they had a care plan and a meeting was held about every six months to review this with them. They told us it was good to have the plan as it meant staff “Would know what I need and what they have to do.”

The registered manager told us review meetings were held on a regular basis for each person. They said they were an opportunity for people to express their views and talk about any changes in care that were needed. We were told an initial meeting was held four weeks after a person moved into the home. This helped to ensure the person had a suitable plan in place for meeting their needs and any issues could be responded to at an early stage. A relative said they had attended such a meeting and found it to be useful.

Records showed that each person had a range of care plans which covered different areas of their lives. The plans set out people’s needs and the support they were to receive from staff. This meant staff had the information they needed to care for people in a consistent way which had been agreed with them. There was a monthly evaluation of each plan, with information recorded to highlight any changes that had been made. Staff wrote daily reports about people’s care and welfare; this provided useful information for when people’s needs were being reviewed.

The care records included details of people’s interests and their preferred activities and routines. People told us they had the opportunity to take part in a range of social activities and events which they enjoyed. We heard about a trip to a nearby country park that was planned for the end of the month. A minibus had been arranged for the occasion. Other ‘in-house’ activities were arranged on a regular basis, such as music and craft making sessions. One person told us they looked forward to visits that were made by the hairdresser.

People were provided with a range of information, including details of the activities programme. Certain information had been produced in a pictorial format, which made it easier for some people to understand. There were notices about the home’s complaints procedure and how people could raise any concerns. The registered manager told us there were no complaints currently under investigation. Complaints had been documented and a record kept to confirm the outcome and show how they had been followed up. The registered manager said previous complaints had been relatively straightforward to resolve, involving for example, items of clothing not being laundered correctly.

People told us they felt listened to and able to talk to staff when any issues arose. A residents meeting was held every few months. At the meetings, people were asked about a range of matters such as the meals they would like. People and their relatives also had the opportunity to express their views by completing an annual survey from the provider. Surveys had recently been sent out and the registered manager told us they would be analysed on their return.

Is the service well-led?

Our findings

There was a registered manager in post who we met with during the inspection. A director from The Worthies Residential Care Home Limited was also registered with us to manage the home. However, they said they were no longer in this position and we were told about changes in the management of the home. We had not been kept up to date with these changes, but received a statutory notification following the inspection. We confirmed the other actions that needed to be taken, including making an application to cancel a manager's registration.

The provider had a policy for quality assurance which set out how the home was to be checked to ensure good standards were maintained. However, records were not all available in accordance with the policy. These included reports of quality monitoring visits being made on behalf of the provider. This meant there was a lack of information about the standards being achieved and how any improvements were being made where necessary.

A range of audits had been undertaken to check on facilities and different aspects of the support people received. Where audits were being undertaken, they were not always effective in identifying shortcomings and the action needed to address these. This included an audit of medicines which had not found the shortcomings we identified in how these were being managed. We also found that audits and risk assessments were not being completed in a timely way. A fire risk assessment for example had been carried out in August 2013, but not reviewed on an annual basis as required. There was therefore a risk that the precautions in place did not reflect the current situation.

The provider was not operating an effective system for assessing and monitoring the quality of the service. This was a breach of Regulation 17(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager had responsibility for the day to day management of The Worthies. They were assisted by a

deputy manager; seniors were deployed to provide a lead to staff in their day to day care for people. This structure meant that support was readily available to staff. Staff said they felt supported in their work and met with a manager on a regular basis. The deputy manager told us they had completed a course on supervision and held 'one to one' meetings with staff. These meetings provided staff with the opportunity to talk about their work and professional development. Records showed the meetings were being held on a regular basis and notes kept to ensure any actions were clearly identified and followed up. Staff members' performance was also being reviewed at annual appraisals.

Staff also spoke positively about the support they received from colleagues and felt they worked well as a team. Staff meetings were held regularly, which staff said were useful and a time when any issues could be raised and discussed. Staff told us they felt able to talk with the registered manager directly if they had any concerns.

People's views about the registered manager were also positive. For example, the registered manager was described as "approachable" and "willing to listen." We saw the registered manager had a good rapport with people and they talked knowledgeably about people's needs. They spoke positively about their values and aims for the service. These included helping people to maintain contact with the local community and promoting the involvement of relatives. Our feedback from staff and people at the home showed that these values were being put into practice. A staff member told us that values had been discussed with them during their induction.

The registered manager told us they were involved with provider forums and had contact with other organisations. This helped them to keep up to date with developments affecting the care sector. The registered manager said improvements to the service were discussed with a director on a regular basis. They acknowledged however that there was a lack of documentation to show the developments and actions that had been agreed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Suitable arrangements were not being made for the management of people's medicines.

Regulation 12(2)(g).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Suitable arrangements were not being made in relation to cleanliness and infection control.

Regulation 12(2)(h).

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Suitable arrangements were not being made for assessing and monitoring the quality of the services provided.

Regulation 17(2)(a).