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Wishingwell Residential Care Home

Inspection report

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Tel: 01904337566

Date of inspection visit:
11 August 2018

Date of publication:
09 October 2018

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

The inspection took place on the 11 August 2018 and was announced. At our last inspection in September 2017 the service was rated requires improvement because not all health and safety requirements were up to date. We made two recommendations. At this inspection we found that the provider had made improvements to bring the service in line with health and safety legislation.

Wishingwell Residential 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 accommodates four older people living with dementia in one adapted building.

There was no requirement to have a registered manager at this service as the registered provider ran the service. 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.
There were sufficient staff on duty who had been trained and had the skills and knowledge to meet people's needs. Staff recruitment was carried out safely with checks of people's background.

Maintenance of equipment was carried out and was up to date. There were now regular checks of fire safety equipment and drills. There was an emergency plan in place so that staff knew what to do in the event of an emergency situation.

People's social needs had been met and activities were part of their everyday life. Staff were respectful to people and preserved their dignity. They had a caring and compassionate approach to people.

There was a complaints policy in place but no complaints had been received by the service. People's records were stored securely.

The service was a family home and that was reflected in the way people were relaxed and happy taking part in domestic and other activities.

People's nutritional needs had been met. Food was home cooked and people's likes and dislikes were noted by staff.

Care plans were person centred and enable staff to provide care people needed.

The service had clear information in care plans about people's communication needs. They also used aids to assist in orientating people. This went some way to meeting the requirements of the Accessible Information Standard.

Audits and checks were carried out to monitor the quality of the service. There were not always written action plans which would help the manager when making sure actions were completed.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Health and safety of the environment had been improved to ensure people's safety in the event of a fire.

People and their relatives told us they were confident that they would be kept safe. Staff had been trained in safeguarding adults.

Medicines were managed safely

Is the service effective?

Good

The service was effective.

Staff knew people well and received training to meet people's needs. They felt well supported.

The service worked within the principles of the Mental Capacity Act 2005 and constantly sought consent before providing care or support to people.

People's nutritional needs were met.

Is the service caring?

Good

The service was caring.

People felt that staff cared about them and relatives were positive in their praise of the service. Staff were kind and compassionate.

Staff involved people and their relatives in all conversations about care and shared any information.

Staff were careful in showing respect and preserving people's dignity whilst still encouraging fun and laughter.

Is the service responsive?

Good

The service was responsive

Care plans had sufficient detail to ensure people received person centred care.

There was a complaints policy but no complaints had been received.

Activities were part of people's everyday life giving people a sense of wellbeing.

Is the service well-led?

Good

The service was well led.

The provider acted as the manager at the service and received positive feedback from staff and relatives because of their supportive attitude.

There was a quality monitoring system in place which used audits and feedback to assist in maintaining and improving standards at the service.

Staff and relatives meetings were held where people could air their views.

Wishingwell Residential Care 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 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 inspection took place on 11 August 2018 and was announced. We gave the service 24 hours notice of the inspection site visit because the visit took place on a weekend and because the service is small we needed someone to be present who had access to all the information we required.

The inspection team was made up of one adult social care inspector.

Before the inspection, we reviewed the information we held about the service including notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also contacted the local authority to gather their views about the service. They had no current concerns. We did not request a provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with the provider and a care worker as they were on duty. We also spoke with four relatives. We looked at the care records for two of the four people living at the service, we observed breakfast and lunch and medicines being administered. Activities were integral to people's lives and we observed them throughout the day.

Following the inspection the local authority sent us information from their quality monitoring visit. We also spoke with a second care worker by telephone.

Good

Is the service safe?

Our findings

At our last inspection in September 2017, this key question was rated as 'Requires improvement'; this was because health and safety in the service was not sufficiently robust to protect people. Following the inspection, the provider informed us of the actions they had taken. At this inspection, we found the necessary improvements had been made and the key question is now rated as 'Good'.People told us they felt safe in Wishingwell Residential Care Home. One person told us, "I feel safe. They do their best for all of us" and a second person said, "Yes I'm safe."Relatives told us their loved ones were safe with one saying, "There are always staff around. It is very clean" and "I know she is safe here."

Appropriate systems were in place for the management of risks. Environmental risk assessments were completed for the home and there were procedures to be followed in the event of emergencies. Following our inspection in September 2017 North Yorkshire Fire service had carried out their own audit of the service and found failings. These had all been addressed at this inspection. An independent company had been commissioned to produce an up to date fire risk assessment. Fire safety checks had been carried out to check that the fire systems were in good working order. Fire doors had been fitted to the correct standard. Records were kept of the support people would need to evacuate the building safely in the event of an emergency. In addition, staff had completed training to ensure they were able to take appropriate action in the event of a fire. Regular fire drills were held with staff and people who lived at the service. The electrical wiring certificate showed that this had been checked and was current and checks of gas and portable appliances had been completed., These preventative measures helped to make sure people remained safe living at this service

We reviewed the recruitment records for two people. We saw that background checks of prospective employees had been completed, which included a check with the Disclosure and Barring Service (DBS); this helps employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Systems were in place to keep people who lived in the home safe from abuse or poor practice. Records showed staff had completed training in safeguarding both online and courses through a local college. Policies and procedures were in place to guide staff. All the staff we spoke with demonstrated they understood the importance of keeping people safe and reporting any concerns they might have. Staff told us they were confident the provider would listen and take action should they raise any concerns about the care people received.

People's medicines were handled safely. We checked the medicines administration record (MAR) charts and the medicines for one person being given their medicine at lunchtime. We found that the MAR charts had been completed correctly. Medicines were stored safely in a locked cupboard and loose medicines were counted to ensure there were no discrepancies. Each person's medicines were in a labelled box within the cupboard. Where there were 'when required' medicines these would benefit from a separate document rather than instructions on MAR so that staff had the required level of detail when giving people these medicines.

There was a policy which covered all aspects of the management of the medicines and staff had access to patient information leaflets for the medicines and alerts identifying national issues with medicines. Staff who administered medicines had received training and had competency checks.

There were sufficient staff on duty to meet people's needs; this was confirmed by our conversations with staff and our observations during the inspection. One staff told us, "No-one just walks past a person here" and we saw that staff were able to spend time with people. We observed that staff were patient and person centred in their interactions with people. They sat with people chatting in a relaxed way. Distraction techniques, including joking and walking alongside people in a calm and relaxed manner, were used by staff to help keep people safe.

Individual risks had been identified in people's care plans. Staff told us they had recently attended 'React to Red' training which looks at how they can prevent pressure ulcers and what to do if one develops. One staff told us, "We have never had anyone with a pressure ulcer here and so we may not have had a clear understanding of what to look out for. We have learned from this training." Risks to people's well being which related to their dementia had been identified. This assisted staff in reacting appropriately to any behaviours that were outside the norm for the person.

Records were kept of any accidents and incidents that had taken place at the service. Staff told us they had received training on how to keep people safe which included moving and handling, the use of equipment and first aid.

People lived in an environment which was clean. All areas of the home were clean and well maintained. Records we reviewed showed all equipment used in the home had been serviced in accordance with manufacturer's instructions.

Good

Is the service effective?

Our findings

We observed staff who were knowledgeable and skilled throughout the inspection. One relative told us, "Staff know what they are doing." Staff received induction training when they were new in post, and they shadowed experienced staff as part of their induction training. The induction introduced new staff to the aims and values of the service, policies and procedures and areas of training considered mandatory by the provider such as safeguarding people. Staff told us, "Training helps us to meet people's needs in the right way." All staff had worked at the service for long periods and knew people very well.

The provider told us they researched good practice guidance documents to assist staff in keeping up to date with best practice. People told us they thought staff had the skills to carry out their roles. One person said, "The staff do their best for all of us" and a second person said, "They know what they're doing." A relative told us, "They [staff] totally understand people. They[staff] are naturally empathetic."

Training was provided in a variety of ways. The service had links with a local college and training was face to face or by distance learning. The staff team trained together on occasions to provide each other with support.

Staff told us they felt well supported, in both staff meetings and supervision meetings. Supervision meetings give staff the opportunity to meet with a manager to discuss people's care needs, identify any training needs and address any concerns regarding practice. The manager told us that the small staff team met weekly either for a social activity or to train together. One member of staff told us, "I feel very supported."

We observed that people's likes and dislikes and their special dietary requirements were recorded in their care plan and all meals eaten were recorded daily. All the food was home-made each day. Staff had noticed that one person could not make a decision about which vegetables to eat so they presented every choice of vegetable for the day in small bowls as a visual prompt to encourage them to eat. People were weighed as part of nutritional screening so any weight loss or gain could be monitored. Care plans recorded referrals to the GP who made referrals to the dietetic service when required.

People ate meals at a communal table as a family. We observed lunch been served and saw people chatting and laughing together and with staff. People could eat their meal without assistance but people were offered appropriate encouragement. People were allowed to eat at their own pace. It was a hot day and after lunch people had their drinks in the garden.

People who could mobilise independently walked around the home without restriction. The house was a family home and reflected the personalities, likes and dislikes of the people who lived there. For example, people's bedroom colours and bedding was chosen with them. The service was stimulating for people with lots of items to pick up, use and touch. One relative told us, "We were encouraged to personalise (relatives) room when we arrived."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. Applications for DOLs authorisations had been made and staff were awaiting the outcome of these.

Staff had received training on the MCA and DoLS and we found that they had an understanding of the principles of this legislation, including the importance of obtaining people's consent to their care. When people had capacity to do so, they had signed forms to consent to their care and support, and to photographs being taken for their records.

Staff told us that they always asked people what they would like to do and offered them choices, and that people were able to make day to day decision for themselves. We saw this on the day of the inspection; people were offered choices in respect of food and drink and how they wanted to spend their time. One member of staff said, "We ask people. If they have difficulty understanding verbal communication, we use hand gestures and write things down." We saw that there was a special clock which identified the date and time to assist people in orientating themselves. People were asked if they wished to do jobs around the home but staff respected their decision if they said, "No."

People were supported by GPs, community nurses and other health and social care professionals. They told us they could see their GP whenever they wanted to. A member of staff said, "We all notice every frown, every change."

People's information was sent with them if they needed to go to hospital and we were told that their current MAR sheet would also be sent to the hospital. These documents provided hospital staff with information about the person to enable them to meet their needs.

Good

Is the service caring?

Our findings

People who lived in the service told us staff were consistently very caring and kind towards them. Comments people made to us included, "I've always had a smashing time here. The staff are alright" and, "Staff are lovely here." Relatives were unanimous in their praise of the caring nature of staff. One relative told us, "Every time we come [name of person] is happy. The staff can't do enough for her and our minds are totally at ease" and a second relative said, "It's everything we could have dreamed of for [name of relative]. It's wonderful."

Wishingwell had a strong, visible person-centred culture. Staff were committed to providing people with care and support in an environment which supported people to be as independent and active as possible. The registered provider told us they encouraged people to lead meaningful lives.

Throughout the inspection we saw staff interacting positively with everyone they encountered. These interactions included commenting positively on the clothes people were wearing, asking people generally how they were feeling and responding in a caring manner to any comments people made. Staff showed people affection using touch and humour, whilst still maintaining a sense of professionalism. This helped to give people a sense of well-being and the feeling that they mattered to the staff who supported them.

One relative summed up the atmosphere we found in the home in their comment, "Care, attention and love. What more could you ask?"

Staff understood people's right to be treated with respect and dignity and to be able to express their views. We observed staff asking people about the support they needed and they encouraged people to make their own choices. Staff told us that they understood the need to ensure people were treated as individuals with different needs and preferences. One staff member told us, "We treat people like members of our own family."

We saw that staff did not wear formal uniforms but instead wore matching tops; this contributed to the homely feel of the service and helped staff and people interact with each other as adults rather than simply as providers and recipients of care. People recognised staff members when they required assistance.

Staff provided caring responses if individuals became anxious or distressed. We saw how staff, including the provider, used distraction techniques and a caring approach to calm people and relieve their anxiety. On one occasion when a person became angry this took the form of joking, allowing them to see how amusing a situation was, to which they responded positively.

The care workers were female but the providers husband also worked as a maintenance person at the service giving people the opportunity for male company. It was clear that people were relaxed in his company and we saw them interacting with him throughout the day.

We noted there was a strong emphasis in the service on promoting people's independence. Throughout the

inspection we observed numerous examples of people doing as much as they could for themselves with the encouragement of staff. For example, after breakfast two people washed and dried the pots without prompting. Another person was asked if they wanted to assist with cooking but declined. One person's care plan said, "[Name of person] is treated as a valid member of society which in turn promotes her self-esteem. She accesses work around the service which maintains her self-worth and dignity."

People who lived in the home and their relatives were provided with information about the service in the form of a service user guide and there were noticeboards in the hallway where other relevant information was displayed. For example, there was information about advocacy services displayed which people were able to access, should they need the support of an independent person to help express their views or concerns.

We noted people's personal information was stored securely to protect their right to confidentiality.

Good

Is the service responsive?

Our findings

The aims of the service were to provide a warm, friendly environment, maintain skills and maximise people's independence. Our observations during the inspection confirmed that the staff at Wishingwell Residential Care Home were meeting the aims of the service. We saw that staff provided a wide range of personalised activities, both in groups and on an individual basis.

A relative told us, "[Name of relative] cried for three years before she came here. Now she is animated, chats and smiles all the time. She is thriving because she is so stimulated. I love coming here because of the things they [staff] do and the care they [staff] take." We observed that activities were part of people's everyday life and in every interaction with staff people were being supported and encouraged to follow their interests. For example, during the inspection three people came to sit outside and staff asked what they would like to do. One chose to continue the knitting they had started, one wanted to read a magazine because it had an article on the Royal family which was one of their interests and another said they were waiting for their daughter who was due to visit. They sat together and chatted whilst doing their activity as part of what resembled a family group. Throughout the home there were numerous resources including jigsaws, colouring books, puzzles which people could use independently or with staff support.

There was a sensory room where there was a seaside theme. There was atmospheric music playing to enhance the feeling of being by the sea and articles throughout the room for reminiscence. One relative told us, "They have fish and chips from the local chippy. [Relative] loves it as it makes them think of the seaside."

The service had set up a secure online group for people and their families. Privacy settings were in place. We were shown a video which had been shared with relatives showing the impact of music on people. Some sixties music was playing and staff and people who used the service began to dance together, their enjoyment obvious. In addition, the group was used to let people know about events and activities and share them with families where appropriate.

The layout of the home was designed to encourage people to engage in everyday, meaningful activity. It was a family home and there were items around the house that belonged to each person. The dining area was set up to reflect its purpose and the kitchen was accessible to people allowing them to carry out domestic activities if they wished.

Care records included a good level of detail about people's likes, dislikes, preferences and routines to help ensure they received personalised care. Staff told us the care plans were useful and informative. People who used the service and their relatives, had been involved in reviews of their care. Staff were proactive in reducing risks to people's health and well-being. They had undertaken training called, 'React to Red' which gave them the knowledge and skills they needed to identify when people were at risk of developing pressure ulcers so they were able to make sure people got timely advice or treatment.

We checked if the provider was following the Accessible Information Standard (AIS). The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must

make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. Care records included information about people's communication needs and we saw that aids such as date and time displays were used to orientate people. People may have benefited from having pictorial displays around the service.

People were encouraged to give their views and raise concerns or complaints. There was a complaints policy on the noticeboard. There were no complaints recorded but people's relatives knew how to make a complaint should they wish to do so. None of the people spoken with had concerns and were happy with the service their relative received. The registered manager confirmed any concerns or complaints would be taken seriously, explored and responded to.

There was no one receiving end of life care at the time of our inspection. One member of staff had attended training in end of life care at the local hospice so that they were able to care for people at the end of their life and share their knowledge with staff if the need arose.

Since the last inspection, the provider had distributed an annual satisfaction survey to people who lived in the home. Comments included, "I am treated well" ;"Staff speak to me like everyone else; with respect. " A survey of relatives views showed that everyone was satisfied with the care provided.

Following the inspection we were provided with the latest quality monitoring form by York City council. We saw that although there were actions for the provider to complete the review had been positive.

All the visitors we spoke to gave extremely positive feedback about the service. One relative said, "I couldn't have found a better place for [relative] which is important to me. They [staff] love what they do." A second relative said, "The communication between us and [name of provider] is great. This is the most amazing, stimulating place."

Good

Is the service well-led?

Our findings

The service did not require a registered manager as a condition of their registration with CQC. 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.

At our last inspection in September 2017, this key question was rated as 'Requires improvement'; this was because health and safety in the service was not sufficiently robust to protect people. Following the inspection, the provider informed us of the actions they had taken.

Since the last inspection, the registered manager had followed our recommendation about health and safety and employed an outside professional to review their fire safety arrangements and provide training to staff. The local fire service had also visited and their recommendations had been followed by the manager. They had also had the electric wiring checked. These measures ensured people's safety and helped prevent fires occurring.

The registered manager told us they recognised the importance of staff feeling valued by the organisation in order for them to deliver high quality care. To this end they joined with staff weekly for training sessions and socialising which built team spirit. One care worker told us, "It's a lovely place. It is very caring, relaxed and homely."

People were part of the local community and some had also lived in the area so knew it well. They went shopping and for coffee on occasions with staff or relatives using all the local amenities. The service also provided day care for several people which provided further opportunities for people to enjoy.

Without exception, staff spoke about the service being 'a fantastic' place to work. They told us they received supervision, had access to training opportunities and felt very well supported by the registered manager. Comments included, "I feel very supported. [Name of manager] is the best manager I have ever had. They are very approachable. I've learnt such a lot from them. [Name of manager] gives help where needed." A relative told us, "This is more like home from home. The manager is lovely and seems to know what they are doing."

Staff were encouraged to express their ideas and views on how to develop the service. The manager empowered staff to be proactive in their work. Feedback from people who used the service and their relatives was used to continuously improve the service. Relatives were welcomed into the service and encouraged to share in people's care which they appreciated.

The provider showed a clear commitment to providing a good quality service which ensured that people could fulfil their goals and ambitions and live as fulfilled and enriched life as possible.