

2 Care







Winston House

Inspection report

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Ratings

Overall rating for this service		Good	
Is the service safe?		Good	
Is the service effective?		Good	
Is the service caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

Overall summary

Winston House is a registered care home which provides accommodation, non-nursing care for up to 27 people who have mental health support needs. All bedrooms are for single occupancy and there are separate toilet and shower facilities. There are communal areas, including dining rooms and lounges, for people and their guests to use. Winston House is located in a residential area close to the city centre of Cambridge.

This inspection was undertaken on 18 November 2014 and was unannounced. The previous inspection was undertaken on 01 August 2013 and we found the provider was meeting the regulations.

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered

Summary of findings

persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Winston House provided people with safe care and protected them from the risk of harm. People's medication was managed and administered in a safe way and people were supported to take their medication as prescribed. People's individual health and safety risks were assessed and these were well-managed by care staff. Satisfactory recruitment checks were completed so that only suitable staff were employed at the home.

People were involved in the planning of their care and care was provided in accordance with their preferences and wishes. Staff had received training so that they were able to safely support people with their mental health care needs. People said they were supported by staff with healthy living and received support to maintain their dietary and nutritional needs. People were supported to access a range of health and social care services to monitor their mental health and physical care needs.

There were friendly, respectful and supportive relationships in place between staff and people living in the home. People were treated with respect and they and their relatives were actively involved in the review of their care plans.

People's rights in making decisions and suggestions in relation to their support and care were valued and acted upon by staff. Individual social hobbies and interests were provided to maintain and promote people's sense of wellbeing.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that people's rights were being protected. There were no DoLS applications in progress at the time of this inspection.

Complaints and concerns made to the registered manager and staff were acted upon to satisfactorily meet the person's needs. There was regular contact with health care professionals and members of the local mental health teams which ensured that people's needs were discussed, monitored and reviewed.

Staff were enthusiastic about their work and felt supported and managed so that they could effectively provide people with support. There were regular meetings in place where people, staff and managers were able to discuss issues and developments in a proactive manner. Quality audits and monitoring procedures were in place and there were effective actions to address any improvements that were needed.

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?

Good



The service was safe

People said that care and support was safely provided by staff. People felt that there always enough staff available to them to provide them with consistent support.

There were systems in place to administer people's medicines in a safe manner.

Staff were recruited safely with proper checks undertaken before they started working in the home.

Is the service effective?

Good



The service was effective

People were happy with the care and support they received to meet their care, healthcare and nutritional needs.

People had been involved in identifying what their care needs were and how they wished these to be met.

Staff had received training and had an understanding of the Mental Capacity Act 2005. Training regarding the Deprivation of Liberty Safeguards was in progress. Staff received an induction and on-going training and supervision to ensure that they were well trained and supported in their role.

Is the service caring?

Good



The service was caring

People related well with staff and had the opportunity to discuss their care and support needs with them.

People's care needs were assessed, planned for and monitored.

Staff enjoyed their work and had a good understanding of people's individual needs.

Is the service responsive?

Good



The service was responsive

People told us that they were able to raise any concerns and complaints and that they were satisfied with responses and actions.

Any changes to care were noted and staff sought support from other professionals or agencies when required.

People's care needs were responded to and well-coordinated.

Summary of findings

Is the service well-led?

The service was well-led

People had the opportunity to raise issues and concerns and their views were sought and their feedback acted on where possible

There were systems in place to monitor the quality and safety of the home.

Good



Winston House

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 home under the Care Act 2014.

This unannounced inspection took place on 18 November 2014 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection we looked at all of the information that we held about the home. This included information from notifications received by us. Notifications are

information about important events that the provider must tell us about by law. We also reviewed the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements that they plan to make. We also spoke with a psychiatrist, social care manager, two community psychiatric nurses (CPNs) and a local authority commissioner.

During the inspection we spoke with 10 people who lived at Winston House, a clinical psychologist and two CPNs who were visiting people in the home. We also spoke with five members of care staff, the deputy manager, one administrator and the housekeeper. We looked at five people's care records and at records in relation to the management of the home such as audits, policies and staff records. We observed people taking part in their individual hobbies and interests and also saw how they were supported by staff.

Is the service safe?

Our findings

People told us that they felt safe living at Winston House because the staff were very supportive and said that they were given assistance with their daily living needs. One person said, “If you need to speak to staff they are available” Another person said, “I feel absolutely safe here.” Staff told us that they received regular training and we found that they were knowledgeable regarding their roles and responsibilities in relation to safeguarding people. Five members of staff told us that they had received safeguarding training and one member of staff told us that, “I know how to respond to any allegations of abuse and where information is kept in the office.”

Staff only commenced working at the home when all appropriate and required checks had been satisfactorily completed. We looked at a sample of staff recruitment records and saw that appropriate recruitment checks had been made. Staff said that they had been mentored by more experienced staff to ensure that they understood their role and responsibilities when they started work.

We observed that there were enough staff on duty to provide people with support in an attentive and unhurried way. We saw that people were being supported in the home and to attend their appointments, hobbies and interests. People told us that there was always enough staff

available when they needed help and support. The deputy manager told us that staff levels were monitored on an ongoing basis and that additional staff could be made available wherever people’s care needs changed.

People received their medication as prescribed. One person told us that they were now administering their own medication which they saw as a positive step forward. We observed staff safely administer people’s medication at various times during the day in an efficient and calm manner. Staff told us that they had been regularly trained so that they could safely administer and manage people’s prescribed medications. Medication was stored at temperatures recommended by the manufacturer and was stored securely. Records were in place to record medication that had been administered, returned and ordered. Risk assessments were in place for people who administered their own medication. One member of staff told us that there was regular consultation with people’s psychiatrist regarding any changes or issues about their medication.

Individual risk assessments were in place to ensure that care and support could be safely provided to people. The staff we spoke with were very knowledgeable about the people they were supporting and were clear about any risks that were recorded so that they could safely provide support. Staff we spoke with gave an example of how a person’s challenging behaviour was managed and how they were able to recognise triggers which may cause anxiety and stress to the person.

Is the service effective?

Our findings

When we arrived at the home it was clear that people living in the home were fully involved with what and confidently greeted us and showed us to the staff office. People said that they felt fully involved in the reviewing and planning of their care and support needs. One person told us, the, “I meet with my keyworker lots to sort out what I am doing during the week”. People told us that they attended and participated in reviews of their care and regularly met with their keyworker to discuss daily/weekly events.

Staff used a three stage rehabilitation approach in assisting people with their mental health support needs. This included an assessment of need, semi-independent living and a stage with more emphasis on moving to longer term accommodation. There were detailed and comprehensive support plans in place where up to date guidelines had been recorded regarding the care and support that was required by each person living in the home. People we spoke with told us that this approach had been very helpful and had improved their life skills and boosted their confidence and daily living skills. Staff we spoke with were very knowledgeable about the person centred approach and support needs of people living in the home.

Before our inspection, the health and social care professionals told us that they found the care and support provided at Winston House was professional and they were positive about how people’s care and support needs were being met. A visiting community psychiatric nurse told us that staff were very well informed and that communication and information was very well organised. Support was provided for people to access to a range of services to maintain their health. A person living at the home told us, “Staff help me with my appointments with my psychiatrist”.

Health and social care professionals were positive about the care and support being provided at Winston House. People’s care plans were regularly reviewed which included input from a variety of local health care professionals, such as community psychiatric nurses (CPNs), social care managers and psychiatrists. We met a CPN visiting a person in the home, and they were positive about the support provided and said that, “The staff are very knowledgeable and professional”. A psychologist we met also confirmed that they found staff to be, “Well matched in supporting people, very enthusiastic and provided information of high quality”

Staff told us that they had received good and regular training and support to do their job. This included having an understanding of the mental health support needs that people required. Staff confirmed that they had received induction training and had completed other training since starting their job role. Staff told us that they enjoyed and benefited from their variety of training sessions. One person gave examples of how their training had improved their ability to recognise and respond to people’s mental health concerns. The deputy manager confirmed that an ongoing training audit was completed to update all training for staff and refresher sessions were booked to ensure that staff’s knowledge and competencies were maintained.

Staff told us that they felt supported to do their job and had received one-to-one and group supervision sessions. There were detailed handover meetings and we observed one of these meetings where information was being passed on to incoming staff working during the afternoon/evening. This ensured that important information regarding the ongoing needs of people living at the home were well communicated to staff.

One person said, “We can prepare all types of food here. We have our own boxes in the fridge to keep our own food in”. Another person told us that they were now able to prepare a range of meals for themselves and they saw this as a great step forward as cooking had not been something they had been very confident with. We saw that people were free to use the kitchen and they were able to prepare drinks and snacks for themselves whenever they wished. There was fresh fruit available in the dining area for people to help themselves. People said that meals were good and that staff assisted them with cooking and shopping. A number of people prepared their own meals and received assistance with menu planning and budgeting from their keyworker. We saw that a communal lunch was being prepared by people living at the home with staff. People’s dietary and cultural needs were catered for by staff including one person with diabetic support needs and another person’s religious preferences.

People told us that they had the right to make decisions about their support and care and their opinions were valued and recorded in daily notes. Staff were trained and were knowledgeable in their roles and responsibilities in relation to consent, as defined in the MCA 2005. They gave examples of how they had managed situations when people had exhibited challenging behaviours in line with

Is the service effective?

agreed risk assessments. We were told by the deputy manager that there were no applications currently being

submitted to any authorising agencies. The deputy manager told us that staff were due to receive Deprivation of Liberty Safeguards (DoLS) training to ensure that they had an understanding of DoLS procedures.

Is the service caring?

Our findings

People told us that staff were very supportive, caring and helpful. One person told us that the staff were, “Very good at what they do as they make sure I get the care I need.” Another person said that “I have been here a year and three months. My peers here help keep me off the drink and drugs. If I never had them I would be out there doing the wrong stuff. I suffer with anxiety, so its good staff and peers will come out with me”. Another person told us that, “I feel happy and secure in Winston House and find the staff very helpful and caring and will be sorry to leave here”.

We observed staff being caring and attentive when assisting people. We observed staff to be encouraging and helpful when talking with people to ensure that needs were understood and effectively dealt with. We saw a member of staff assisting a person to sort out their plans for attending an appointment in the town in a helpful and caring manner. Care and support plans that we saw were detailed and gave information regarding people’s assessed needs, and support requirements. Examples included life histories, personal preferences, healthcare and mental health

support needs. Members of staff that we spoke said that they were involved in the reviewing and compilation of care and support plans and were knowledgeable about people living in the home.

We saw that people were spoken to in a respectful, friendly and dignified manner at all times. We saw throughout our inspection that people and staff were engaged in friendly and respectful discussions to deal with ongoing daily support needs. People’s bedrooms had lockable doors and each person had a key to their room. People told us that they were free to use the communal lounges and were also able to receive guests and visitors whenever they wished. The deputy manager told us that people had access to local advocacy services and were assisted to access them when necessary.

Staff told us that they encouraged people to be independent as far as possible. Examples included assistance with their catering, laundry, going to local shops and attending appointments with their GP where necessary. Care notes viewed reflected that people’s needs and preferences might change day to day and showed staff were flexible in offering choices and support to people with their chosen task/activity. For example, one person told us that they varied their day for volunteering and that staff supported them with this.

Is the service responsive?

Our findings

People took part in a variety of sporting activities, recreational hobbies and interests that they liked to do. One person told us, “I really enjoy helping out at a local horse stables”. Another person told us that they enjoyed playing badminton at the local sports centre. Another person was very enthusiastic about their music production equipment and their web designs using the computers provided by the home. They had also produced a CD of music compositions.

People told us that they were supported to maintain contact with their friends and relatives.

We saw from records that people were involved in the assessment and support planning process, and in the on-going reviews relating to their care. People told us that they regularly met with their keyworker and healthcare professionals to discuss and make changes to their care and support needs. A CPN that we spoke with told us that staff were proactive in responding to people’s changing needs and that they were always contacted to discuss any issues regarding care and support that people may have. People said they were actively involved in reviews of their care and support plans and people were able to make suggestions or comments about their care

People we spoke with told us that there were regular community meetings held in the home where they could raise any issues or concerns. People also told us that they knew who they would speak with if they had been unhappy and wanted to raise a concern or complaint. One person

said, “I would speak with the staff. They always listen to me and take me seriously and I feel that I can talk to them.” Another person told us that, “I would speak to any of the staff, but I have no complaints.”

The home had a complaints procedure in place which was made available to people and contained information about how to make a complaint about the home. From discussions with people it was clear that they were aware of how to make a complaint about the home. Staff we spoke with were aware of the complaints procedure and encouraged people to raise any complaints or concerns that they had. We saw the complaints policy and complaint log. The complaints process included expected time scales for complaints to be dealt with and guidelines for people living in the home about how to make a complaint. The manager told us that all complaints were acknowledged within agreed timescales and resolved to the person’s satisfaction as much as possible. We saw a sample of a previous complaint, with accompanying correspondence, indicating that the person’s complaint had been satisfactorily resolved. There were no complaints currently being investigated.

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Is the service well-led?

Our findings

People living at the home, health care professionals and staff members told us that the registered manager was accessible and approachable. People told us that they felt the home was well run and that they felt involved in the day to day running of the home. People told us that they attended the daily residents' meetings and weekly community meetings where they had been able to discuss issues, news, menus and any forthcoming events and recreational hobbies and interests. Attendance at these meetings was not compulsory, but people were encouraged to attend so that they could be well informed and involved in the running of the home. We saw that minutes of residents' meetings were kept to record any views or where any action had been taken as a result.

Staff confirmed that they received regular supervision and told us that they were well supported by their manager, senior staff and their staff colleagues. One member of staff told us, "I feel really lucky to be working here and I really enjoy working with the residents and staff team".

The management team and staff carried out regular audits of the home. Thorough health and safety checks were in place including fire risk assessments, fire alarm tests, water temperature testing, food temperature testing and fridge/freezers daily tests. There were contracts for the servicing of equipment in the home to ensure people's safety. Cleaning schedules were displayed in the kitchen to promote and protect people from the risk of infection. People living at the home told us that they had received fire awareness training.

Feedback from a local commissioner of the home was positive. They told us that no complaints or issues had been raised and that they had received very positive feedback from people living at the home.

Annual surveys had been sent out to people living at the home to ask how improvements could be made. The results of surveys were analysed by the organisation and a report was collated to identify areas for improvement. The registered manager had received completed residents' and relatives' surveys although had yet to gather the results of these to make sense of any emerging themes or trends.

People's care and support plans had also been reviewed and monitored, during the quarterly management visits carried out by a representative of the registered provider, to ensure they were up to date and consistent. Following their visits, the registered manager had formulated improvement action plans. This showed us that the provider considered the quality of care they provided.

The PIR had been completed in detail and showed what the home did well and had identified areas for improvement over the next twelve months. For example, we were told that a new group entitled 'Toolbox for Living' was being implemented regarding information about alcohol and substance misuse for people living at the home. Regular meetings with external agencies including the local forensic team also provided a useful flow of information and communication to improve the quality of care being provided to people.