

Psycare Limited

Winnett Cottage

Inspection report

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Date of inspection visit:
23 November 2017

Date of publication:
29 December 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

We carried out an unannounced comprehensive inspection of Winnett Cottage on 23 November 2017. Winnett Cottage 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.

We previously carried out a comprehensive inspection at Winnett Cottage on 11 and 16 December 2015 and we found breaches of regulations 09, 13, 16 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We also identified a breach of Regulation 18 of the Care Quality Commission Registration Regulations 2009. The provider submitted an action plan that told us they would meet the minimum requirements by 29 April 2016. We carried out an unannounced focused inspection at Winnett Cottage on 26 May 2016 and found improvements had been made.

At this inspection we found that further improvements had been made and the provider was meeting the required standards.

Winnett Cottage is registered to provide residential care for up to 12 people living with mental health needs. At the time of our inspection seven people were living at Winnett Cottage.

The home had a manager in post who was in the process of registering at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. We received information shortly after the inspection that the manager had been registered with CQC.

People felt safe living in the home and told us they regularly discussed with staff their needs and how to keep safe.

Staff received training and appropriate support from the managers to carry out their roles effectively.

Risks to people's wellbeing were identified, regularly discussed with people and measures to mitigate the risks were regularly reviewed to ensure they were still effective.

People's medicines were managed safely by well trained staff who had their competencies assessed. Where people were able they were supported to manage their medicines.

The provider had policies and procedures in place to protect people from the risk of infections and staff adhered to these.

There were enough staff employed through robust procedures to meet people's needs effectively.

People were involved in planning their care and support, signed their own care plans and consented to the support they received.

People were involved in duties around the home like cleaning, laundry, cooking meals. Some people were working towards achieving their goals of moving to less supported care services.

People had opportunities to pursue their hobbies, interests and socialise in-house and in the community.

People`s feedback about the service they received was regularly sought and they felt they could voice their opinions in meetings and one to one conversations they had with staff.

People and staff were positive about the management of the service. There were systems in place to ensure the quality of the service was monitored and improved if the need was identified.

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 were protected from harm because a system of reporting, reviewing and identifying risks to people was robust and consistent.

People at risk of harm, had appropriate assessments and actions taken to mitigate the risk of harm from happening.

There were enough staff employed through robust procedures to meet people`s needs effectively.

People`s medicines were managed safely by trained staff who had their competencies assessed regularly.

People were protected from the risk of infections.

Is the service effective?

Good ●

The service was effective.

Staff received training and support to enable them to carry out their roles effectively.

People were asked for their consent and staff respected their decisions regarding the care and support they received.

People were supported to have good nutritional intake.

People received support to attend their health care appointments.

Is the service caring?

Good ●

The service was caring.

People were supported by staff in a caring way.

People received support to remain independent and to develop everyday living skills.

People`s wishes and preferences were respected by staff.

People's records were stored securely and were available when requested.

Is the service responsive?

Good ●

The service was responsive.

People received care that was responsive to their individual needs.

People received support to work towards their set goals and move to less supported care services.

Complaints received had been appropriately investigated, recorded and responded to.

Is the service well-led?

Good ●

The service was well led.

The manager had reviewed the service and developed a comprehensive service improvement plan and actions were monitored where improvements were needed these were achieved.

The registered manager had established good working relationships with funding authorities and other health professionals involved in people`s care.

The registered manager had a clear vision about the service and how to improve the support people were receiving in order to effectively enable people to achieve their goals.

Staff were clear on their roles and responsibilities and felt supported by the management of the service.

Winnett Cottage

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2012 and to look at the overall quality of the service.

This inspection took place on 23 November 2017 and was unannounced. The inspection team consisted of one inspector.

Before our inspection, we reviewed the information we held about the home. We contacted funding authorities to obtain their views about the care provided in the home and we received feedback from them following the inspection.

We reviewed information we held about the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us.

During the visit, we spoke with three people who used the service, the manager, two members of staff and a visiting health and social care professional. We looked at the care records for two people living at the home, and records relevant to the management of the service.

Is the service safe?

Our findings

People we spoke with told us they felt safe living at Winnett Cottage. One person told us, "staff is flexible and I like it. I do feel safe." another person said, "I only came here for [number of months] but I find it ok."

Staff were knowledgeable about signs and symptoms of abuse and how to report their concerns. They told us and we saw that they received training about safeguarding people from the risk of harm and abuse. Staff knew where to find information about relevant contact details from outside safeguarding agencies where they could report their concerns under the whistleblowing policy.

People told us they discussed how to keep safe from abuse in their one to one meetings and they had an information board visibly displaying relevant contact numbers for local safeguarding authorities so they could contact these services independently.

When incidents occurred, the manager reported these to the police, social services and CQC, and reviewed people's care plans accordingly. We found that where incidents identified concerns around the misuse of illicit substances by people, this had triggered the manager to consider how they may interact with prescribed medicines and discussed this with people, their GP, psychiatrist or social worker. They encouraged and supported people to access local support services for substance misuse.

Where people were identified to be at risk of exploitation, either emotionally or financially, this was clearly documented and measures were in place to constantly remind people how to stay safe and also for staff to identify the need to report any signs of this happening internally and externally.

Risks to people's well-being were identified and discussed with people and measures were in place to mitigate these risks. The identified risks were managed positively; involved and helped people overcome any obstacles and enabled them to be as independent as possible. For example on the day of the inspection we saw people going out to nearby shops, however they were making staff aware of their plans of going out and also the approximate time when they were to be expected back.

Some people had mobile phones so staff could contact them to enquire about their whereabouts in case they did not return at the expected times. We also saw that some people chose to wear a tracking device and gave permission to a supervising officer to track their whereabouts if and when it was required.

People told us there were enough staff to support them when they needed support. Safe and effective recruitment practices were followed to make sure that all staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the complex needs of people who used the service.

People were encouraged to manage their own medicines and where they were not able staff administered these. Staff were trained and had their competencies regularly assessed by managers to ensure they followed best practice guidelines when they supported people with their medicines. There were regular

audits carried out by the provider and the registered manager to check if people received their medicines as intended by the prescriber. Medicine administration records (MAR) were completed accurately and the stock of medicines we counted matched the records kept.

People were protected from the risk of infections by staff who followed correct infection control procedures when they carried out tasks around the home. The environment was clean and welcoming.

Is the service effective?

Our findings

People told us that staff were knowledgeable about the support they needed. One person said, "Staff knows me and helps me when I need support."

Staff told us they received the appropriate training and support for their role. They told us and we saw that they had regular training and refresher training in topics like safeguarding, health and safety, food hygiene and mental health awareness training. Staff also received more specialist training like diabetes and `break away` training to ensure they were knowledgeable about supporting people effectively. One staff member said, "The training is good and helps us understand the job better."

Staff told us they had regular supervisions where they discussed their performance and development needs. They told us they felt supported by the management team. One staff member told us, "It is good support here from managers and from other staff. We are all colleagues not just a number." They continued, "Management is very approachable and although every change is unsettling I feel a valued member of staff."

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of the inspection every person who lived in Winnett Cottage had capacity and had no restrictions applied to their freedom.

People told us that staff always asked for their consent before they offered them support. We saw that people signed consent forms to agree and authorise staff to share information about them with health and social care professionals. They also signed their care plans to evidence their agreement with its content and also at times they signed to say they wanted nothing to do with their care plans and were not interested in being involved in reviewing them. A person also told us that the registered manager took the time to read out their care plan so they could better understand what was written in it and then they agreed it was accurate. One person told us, "Yes, I know I have a care plan and I sign it after [name of manager] read it to me."

People told us the food at the home was good and they enjoyed it. The menu was designed by the people who lived in the home. They were asked individually to choose what they wished to eat and from the requests a two week menu was created which captured the choices of all the people. In case they did not like what the menu offered on a particular day they could have alternatives. We also saw on the day of the inspection that some people were involved in cooking and they could choose to either cook for themselves or for the other people as well. We saw that people`s weight was regularly monitored and they were encouraged to eat a healthy diet.

People were supported to access health services as and when they required. People attended regular hospital appointments, blood tests and they were accompanied by staff if it was need. People were also visited by health care professionals in the home. For example on the day of the inspection a person was visited by a mental health specialist to assess their mental well-being as the person`s behaviour had changed.

We saw that staff encouraged people who were reluctant to visit health care professionals to attend their appointments and follow the advice they were given by these professionals. People had been seen by opticians, dentists and GP's when and if required. Their mental health was monitored and regularly reviewed by mental health specialists. This meant that people's health needs were reviewed regularly and changes responded to in a way that helped to promote their health and well-being.

Is the service caring?

Our findings

People we spoke with told us they felt the staff were nice and caring. One person said, "Staff makes a great effort to keep everyone happy here. Staff are nice and kind." Another person told us, "I like the staff here. They are nice. "

We observed that people communicated openly with staff on the day of the inspection. They approached staff and called staff by their names and in return staff took time to discuss and converse with people. This suggested that there was a good relationship between people and staff.

People told us staff were open to their suggestions and listened to what they wanted support with. For example we saw on the day of the inspection a person wanted to prepare their own meal and they needed support to do a shopping list to ensure they had all the ingredients they needed. Staff took time and helped the person to do their shopping list and they also accompanied the person to a local shop to buy what they needed.

People told us their privacy was respected by staff. They told us staff talked to them in a respectful manner. We saw on the day of the inspection staff treated people in a dignifying way, addressed them by their preferred name and gently prompted people to think about changing their clothing or to dress appropriately for the weather outside.

We saw that people were supported and encouraged to be independent. For example because a person spent a considerable amount of time in institutions they had lost some of their everyday living skills. Staff supported the person to become more independent and initially helped them think about what they wanted to achieve and arranged support with budgeting, shopping and cooking.

People and staff told us that they had regular key working sessions. This was a forum that meant people's support needs were discussed and reviewed, and an agreed plan of care was developed. In records that we looked at, we saw staff had discussed with people areas that were important to them such as their social life, activities, physical health and others.

We found that personal documents and records for people were held securely and people had a say in who had access to the information in their care plans.

Is the service responsive?

Our findings

People told us that staff were responsive to their needs and the support they received was as they liked it. One person said, "This is the best place I ever lived in. I don't have to get up at a certain time staff will work around me and there is flexibility." Another person said, "It is nice here and I can get my medicines when I need it and want it. I don't have to queue to have it."

Care plans contained information about people's medical conditions, personal care needs, medication, risks to their well-being, mental health needs and also records when other health or social care professionals visited, and care reviews. We found that people's care plans were developed in partnership with them and they detailed discussions they had with staff in setting goals they wanted to achieve in the future. The care plans reflected people's individual needs and wishes however in places they were generic and not giving sufficient information about people's perception about their mental health condition. The registered manager told us they had identified that the care plans needed more individualisation and had already agreed with some people living in the home that they would hold meetings for staff where people could talk about their experience and perception and specifics of the mental health condition they were living with. The registered manager told us this would enable staff to have a better understanding of people's individuality and how their conditions influenced their behaviour and day to day living.

Activities were organised around people's wishes and although there was a weekly activity planner people could change this depending on what they wished to do. Activities included, cooking sessions, cinema, building up computer skills and this was run by a person living in the home and music sessions. We saw that there was a list of available support for people if they needed help with budgeting skills. For example, support to apply for jobs and voluntary positions and update people's Curriculum vitae's.

People told us they were not bored and they had available resources in the home to use a computer, radio, TV and also they had friends and relatives visiting.

People told us they were able to raise concerns within the home with staff or the manager if they needed to. A 'you said, we did' board was displayed in the home where people's ideas or wishes were captured and actions taken by the management to address those were detailed. For example we saw that a person wanted to have more options of entertainment in the home. As a response a pool table was purchased and a summer house with stereo equipment was provided so people had a wider variety of activities to enjoy in the home.

Complaints that were received were discussed in team meetings to allow all staff to reflect on what had occurred and discuss ways to help improve the quality of service received. This meant that complaints were recorded, investigated and responded to appropriately.

Is the service well-led?

Our findings

People, staff and professionals told us they felt the home was well managed. One person said, "I know the manager and she is good." Another person said, "I am very happy here and I don't want to move." One staff member said, "We went through change [when the manager was employed] and I think it is for the better. The manager has the best interest of people and staff at heart and it is good."

A social care professional wrote to us following the inspection and gave feedback about the home and how the support people received had been improved by the manager. They said, "I feel Winnett Cottage has improved greatly in the care and support it provides for its service users. There is a homely feel there now and they [staff] are clearly seeking to involve residents in stimulating activities within and outside of the house. Several residents appear to be showing better engagement and generally their feedback is that they feel safe and that things have improved.....Everyone is getting adequate access to nutritious meals, but also maintained the element of flexibility for those that wish or need to move towards self-catering. The quality of the care plans has improved, they are clearer and give detailed information. Succinct and appropriately informative progress reports on individual service users have been produced in a timely fashion when requested. "

The manager had systems in place to audit and monitor the quality of care people received. They carried out regular audits and looked at all areas of the care and support people received. These audits consisted in medicine audits, health and safety audits, infection control and care plan audits. We saw that any actions they identified as needed to improve the service was captured in a service improvement plan. Plans to improve the service were around having more personalised care plans, specialist mental health training for staff and developing more partnership working with other providers and services. We found that some of these plans were already on going and some staff were already booked for specialist mental health training. The manager regularly attended provider forums and events held by the local authority and was working with another provider of mental health care homes to establish a social event for the people from both homes to develop social skills and relationships.

The manager demonstrated a very good understanding of people`s needs and they were very passionate about delivering a high quality service. Staff told us they received appropriate support from the manager and they understood their roles and responsibilities. Statutory notifications were submitted by the provider to CQC in a timely manner. This is information relating to events at the service that the provider is required to inform us about by law.