

Four Seasons Homes No. 6 Limited

Wyndthorpe Gardens Care Home

Inspection report

High Street
Dunsville
Doncaster
South Yorkshire
DN7 4DB

Tel: 01302888141
Website: www.fshc.co.uk

Date of inspection visit:
17 November 2015
18 November 2015

Date of publication:
19 January 2016

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 this service on 21 and 23 October 2014 and found breaches of legal requirements. This was because the provider had not effectively assessed and monitored the quality of the service, worked within the legal requirements of the Mental Capacity Act 2005 and the Code of Practice, identified and responded to complaints and there were not always sufficient numbers of staff.

We inspected Wyndthorpe Gardens on 17 and 18 November 2015 to check that they had followed their improvement plan and to confirm that they now met all of the legal requirements. The inspection was unannounced. Our inspection found that improvements have been made to meet the relevant requirements.

Wyndthorpe Gardens Care Home is a two storey care home situated in Dunsville, Doncaster and is registered to provide services for 38 older people. There is 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 who used this service were safe. The care staff knew how to identify if a person may be at risk of harm and the action to take if they had concerns about a person's safety.

The care staff knew the people they were supporting and the choices they had made about their care and their lives. People who used the service, and those who were important to them, were included in planning and agreeing to the care provided.

The decisions people made were respected. People were supported to maintain their independence and control over their lives. People received care from a team of staff who they knew and who knew them. People were treated with kindness and respect.

The registered manager used safe recruitment systems to ensure that new staff were only employed if they were suitable to work with vulnerable people. The staff employed by the service were aware of their responsibility to protect people from harm or abuse. They told us they would be confident reporting any concerns to a senior person in the service or to the local authority or CQC.

There were sufficient staff, with appropriate experience, training and skills to meet people's needs. The service was well managed and took appropriate action if expected standards were not met. This ensured people received a safe service that promoted their rights and independence.

Staff were well supported through a system of induction, training, supervision, appraisal and professional development. There was a positive culture within the service which was demonstrated by the attitudes of staff when we spoke with them and their approach to supporting people to maintain their independence.

The service was well-led. There was a comprehensive, formal quality assurance process in place. This meant that all aspects of the service were formally monitored to ensure good care was provided and planned improvements and changes could be implemented in a timely manner.

There were good systems in place for care staff or others to raise any concerns with the registered manager.

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 told us they felt safe and secure living at the service.

Medicines were administered, stored and disposed of safely.

There were effective recruitment practices to safeguard people from unsuitable staff. Staffing levels were reviewed and based on the dependency of people.

The provider had safeguarding processes and had ensured staff understood these and were able to recognise and report any witnessed or reported abuse.

Is the service effective?

Good ●

The service was effective.

Staff had the skills and expertise to support people because they received on-going training and effective management supervision.

People received a nutritious, balanced and varied diet. They told us the food was good. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

Staff sought consent from people before care or support was provided. Where people were unable to give consent staff followed care plans best interest decisions were in place where necessary.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and patience and gave them the care and support they needed promptly and efficiently.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Is the service responsive?

Good ●

The service was responsive.

People using the service had their care needs met and their needs were regularly reviewed to make sure they received the right care and support.

A complaints procedure was in place. The service encouraged feedback from people who used the service and their relatives.

People and their relatives were asked for their views about the service through questionnaires and surveys.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager employed. The registered manager set high standards and used good systems to check that these were being met.

People who used the service knew the registered manager and were confident to raise any concerns with them.

A system was in place to regularly assess and monitor the quality of service people received, through a series of audits.

There were good systems in place for care staff or others to raise any concerns with the registered manager. The registered manager took appropriate action when concerns were raised.

Wyndthorpe Gardens 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 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.

This inspection took place on 17, 18 November 2015 and was unannounced. The inspection was carried out by an adult social care inspector.

We spoke with two care staff, two domestic staff, a nurse, the registered manager the area manager and a visiting healthcare professional. We asked four people who used the service for their views and experiences of the service and the staff who supported them.

The inspector visited the service to look at records around how people were cared for and how the service was managed.

We looked at the care records for eight people and also looked at records that related to how the service was managed.

Before the inspection the registered manager of the service had completed a 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 they plan to make.

Before our inspection we reviewed the information we held about the service, including the information in the PIR, notifications sent to CQC and speaking to the local authority.

Is the service safe?

Our findings

At our previous inspection in October 2014, we found there was not always a sufficient number of skilled and experienced staff to meet people's needs. This was a breach of Regulation 22 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by 31 May 2015. At this inspection we found the provider had made improvements to ensure there were sufficient numbers of staff to meet people's needs.

People told us they felt safe and that they trusted the staff at Wyndthorpe Gardens that looked after them. One person said, "Staff are nice and always helpful. There is always someone around to help." Another person said, "Oh yes, it's a very safe place." We observed that staff followed appropriate health and safety guidelines in order to keep people safe.

Policies were in place in relation to safeguarding and whistleblowing procedures. Staff files showed and staff confirmed they had received training in safeguarding as part of their mandatory training and this was regularly updated. Staff were knowledgeable and able to describe the various kinds of abuse. They knew how to report any suspicion of abuse to the management team and external agencies such as the local authority so that people in their care were always protected. Staff felt confident that any reports of abuse would be acted upon and investigated appropriately. The registered manager was very clear about when to report concerns and inform the local authority, Police and CQC.

We observed medicines being given to people, and staff did this safely. We saw that staff took time to administer medicines to people in a caring manner without rushing. They explained what any new medicines were for and asked people if they needed pain relief, or assessed people for signs of pain if people were unable to communicate verbally that they were in pain. There was an effective system for ordering and returning unused medicines. Up-to-date records were kept of medicines received and disposed of, as well as a clear record when people had allergies to medicines. We saw copies of medicines audits which were carried out regularly and we saw that these were effective in picking up and addressing issues with medicines such as, medicines which had been given but not signed for. We saw evidence that all controlled drugs were stored securely, with accurate records kept.

The provider followed safe and robust recruitment and selection processes to make sure staff were safe and suitable to work with people. We looked at the files for three staff including the most recently recruited. Appropriate checks were undertaken before staff started work. The staff files included evidence that pre-employment checks had been carried out, including written references, satisfactory Disclosure and Barring Service clearance (DBS), and evidence of the applicants' identity.

During the inspection, we saw there were enough staff to provide people with the care and support they needed. We did not see people having to wait for care and support. Staff responded promptly when people used the call bell system in their rooms. People told us that staffing was good most of the time although one of the people we spoke with said, "They (staff) are very busy, always rushing around." A member of care staff we spoke with told us, "We have enough staff to complete all the jobs but we don't really get enough time to sit down and talk to people." The registered manager explained the tool they used to make sure there were enough staff to

keep people safe and to meet their needs. We were showed that assessments of people's needs were reviewed monthly and this information was central to calculating the numbers of staff needed, ensuring any changes in people's needs were taken into account in the staffing hours provided.

Staff were aware of the procedures to follow in the event of a fire or a medical emergency. Staff told us and we confirmed by reviewing records that regular fire drills took place. Staff were aware of the fire assembly point and the evacuation process. Staff were also able to explain how they would respond in an emergency such

as a person collapsing or falling. They were aware of the incident reporting procedure and the use of body maps to identify and record skin breakages as well as monitoring to ensure no further deterioration occurred. We saw records of safety checks of the home's hot water and fire safety systems and service records for hoists,

assisted baths, passenger lifts and portable electrical equipment. All of the checks and service records we reviewed were up to date.

We observed that the premises were clean, tidy, well maintained and free from malodour. Domestic staff stored cleaning products and equipment safely and securely. They used a recognised colour coded system for cleaning equipment used in all areas of the home, for example red mops and buckets in bathrooms and toilets. This system ensured that cross contamination was minimised.

Is the service effective?

Our findings

At our previous inspection we found there was not always evidence that the provider was working within the Mental Capacity Act 2005 Code of Practice. This was a breach of Regulation 18 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by 31 May 2015. At this inspection we found the provider had made improvements to ensure people's rights were protected and consent was obtained lawfully.

People told us they were confident in the staff team and in their abilities to care for them effectively. One person who used the service said, "I trust the staff, I think they look after me very well." Another person said, "They (staff) are great, I get what I need when I need it." We observed that people were supported effectively and in a timely way. People were supported by staff who understood their needs and preferences. People told us that they thought staff were knowledgeable about how to support them. One person said, "The staff seem to know what they are doing." Another person said, "It seems to me that they know what's what. They treat me well." Relatives commented in a recent questionnaire that their relative received effective support from staff at the service. Comments included "Mum was calm and contented today and engaged with cookery programmes."

The Care Quality Commission (CQC), is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered manager was knowledgeable about the Mental Capacity Act 2005, and its Code of Practice. They knew how to ensure that the rights of people who were not able to make or to communicate their own decisions were protected. Staff we spoke with had a broad understanding of the act's provisions and how it affected the people they provided a service to. They were aware of people's mental capacity to make day to day decisions about their lifestyle.

Care records identified people's capacity to make decisions and where possible were signed by the individual to show that they had consented to their planned care and terms and conditions of using the service. Where people had refused care or support, this was recorded in their daily care records, including information about what action was taken as a result. For example, a care worker told us how one person had repeatedly refused personal care and this had been respected. Staff reported this to their line manager to make them aware of the potential risks. This triggered a care review with the person to explore how care

workers could support the person to ensure their safety and wellbeing.

All staff had completed an induction training when they started working at Wyndthorpe Gardens. Staff told us they received a mixture of face to face training courses, and e-Learning. New staff were also 'shadowed' until they were assessed as being competent in their role. Staff and the manager told us that staff can request training if they needed it. Staff confirmed that additional training was provided to enable them to meet people's individual needs, and also for specific conditions such as dementia care. We saw the staff notice board displayed upcoming continence care training for staff and a catheter study day for nursing staff. Documents also showed that staff had completed training including first aid, nutrition and health, mental health and challenging behaviour, fire safety, infection control and safeguarding. The registered manager had a system which identified when staff training updates were due, so these could be planned for in a timely way. Staff we spoke with confirmed they had undertaken the training and felt they received sufficient training to keep their knowledge and skills up to date.

Staff told us that they felt supported in their role and had regular one to one supervision and team meetings, where they could talk through any issues, seek advice and receive feedback about their work practice. The management team described how staff were encouraged to professionally develop and were supported with their career progression. This included being put forward to obtain their care certificate. This is a nationally recognised induction programme for new staff in the health and social care industry. These measures showed that training systems reflected best practice and supported care workers with their continued learning and development.

People were supported to have a balanced diet. There were menus in place. The menu gave people a variety of food they could choose from and regular meetings were held with people who used the service and their relatives where food was discussed. Staff confirmed people had access to good quality food and there was plenty of choice. One person told us, "There's always plenty of choice, and the food is very nice." We saw that care staff and the cook were familiar with people's likes, dislikes, preferences and their dietary needs. We observed that lunch was unrushed and people were supported when needed. People were chatting happily and it was a sociable experience. People who were at risk of not eating or drinking enough had their food and fluid intake monitored. We saw that people's weight was checked monthly and if there were any concerns, these were referred to a dietician or appropriate health care professional for intervention, advice and on-going management.

Is the service caring?

Our findings

People who were able to comment told us that the staff were very kind and they felt well cared for. One person told us, "Staff are very kind, they are very busy but always try to take time with me." Another said, "All of them (the staff) are very good. They are very helpful." Staff knew people's names, nicknames and preferred names. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures.

The registered manager and care staff we spoke with knew people's care needs very well. They were able to tell us about things which were important to each person, their individual daily routines and preferences. We saw care plans contained a life history document which recorded historic and significant events in the life of the person who was receiving care at Wyndthorpe Gardens.

Staff supported people in a patient manner and treated people with respect. People said they were always treated with respect and their dignity was protected. One person said, "I am always treated well and the staff talk very politely." Staff gave people time to answer questions and respected their decisions. They spoke to people clearly and politely, and made sure people had what they needed. We saw staff interacted well with people. Whenever staff helped people they ensured they discussed and explained what was going to happen. For example, we saw two staff assisting a person to transfer from the lounge to the dining room. Staff gave reassurance and were patient throughout the transfer explaining what they were going to do, and why they needed to do it. They advised the person that they should take all the time they required in order to ensure their comfort and confidence. This meant that people experienced staff supporting them in a reassuring and transparent manner, which met their needs.

We spoke with staff about how they preserved people's dignity. Staff responses showed they understood the importance of respecting people's dignity, privacy and independence. They gave clear examples of how they would preserve people's dignity. This included closing doors and curtains while personal care was provided.

People said they could express their views and were involved in making decisions about their care and treatment. They told us they talked to staff about their care and their wishes. One person told us, "The staff ask my opinion and permission for everything, which is the way it should be." We saw that staff encouraged people to make choices throughout the day. Such as, what they wanted to eat, what time they got up or whether they wanted to stay in their rooms. We saw people had personalised their bedrooms according to their individual choice. For example family photos and their own furniture.

Is the service responsive?

Our findings

At our previous inspection we found there was not always evidence that the provider effectively identified and responded to complaints. This was a breach of Regulation 19 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by 31 May 2015. At this inspection we found the provider had made improvements to ensure any complaints received were effectively managed.

Before people came to live at the service they had an assessment which included an extensive pre-admission questionnaire. These assessments were used to create a person centred plan of care which included people's preferences, choices, needs, interests and rights. People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. People told us they were listened to and the staff responded to their needs and concerns. One person told us, "I know what's going on with my care."

Person-centred planning is a way of helping someone to plan their life and support, focusing on what's important to the individual person. During our visit we looked at the care plans and assessment records for eight people. The care plans and assessments we looked at contained details about people's individual needs and preferences, including person centred information that was individual and detailed. Care plans and assessments had been reviewed regularly and provided good information about people's needs.

Care plans were detailed enough for any staff member to understand the care and support required by an individual and how it should be delivered. People told us all their likes and dislikes were discussed so their plan of care reflected what they wanted. For example, it was documented whether people preferred to shower rather than have a bath, and they received this support according to their preference. However bathing activity was not sufficiently recorded, for example two people had a gap of 14 days between recorded bathing or showering activities. We spoke to the registered manager about this on the second day of our inspection. They told us that all people resident at Wyndthorpe Gardens received regular baths or showers but this had not been sufficiently recorded. The registered manager said this would be addressed at supervision and at the next team meeting.

We saw that daily records were kept for each person at Wyndthorpe Gardens. These records documented a person's daily activities, nutritional information, incidents, behaviours and events. These documents were signed by staff and formed part of a staff handover. This meant that all staff were aware of the immediate needs of all the people who lived there.

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, in light of a relative's concerns, the registered manager implemented a more robust method of recording actions taken for those people with breathing difficulties. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered. There was also an electronic system in place to capture the feedback from relatives, staff and healthcare professionals. Regular meetings and satisfaction surveys were carried out, providing the management with a mechanism for monitoring people's satisfaction with the service provided.

We saw that activities were advertised which included baking, floor games, board games, movies and a visiting police choir singing Christmas carols. However we did not see any specific activities happening on the days of our inspection.

Is the service well-led?

Our findings

At our previous inspection we found there was not always evidence that the provider effectively assessed and monitored the quality of the service provided. This was a breach of Regulation 10 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the provider to send us a report detailing what improvements they would be implementing to address this breach and by when. The provider sent us an action plan stating they would be compliant by 31 May 2015. At this inspection we found the provider had made improvements to ensure they had effective systems in place to monitor the quality of services provided.

There was a manager in post who was registered with the Care Quality Commission. We asked people, staff and visiting healthcare professionals if they knew who the manager of the home was. The majority did and were confident they could speak to the manager if they wished. One person who used the service told us, "Yes, I know who it is and they are very nice." A visiting healthcare professional said, "My experience is that everything runs well." People and staff felt the manager of the home would listen and act on any concerns they had. One staff member said, "I know I am well supported, I would feel able to take anything to the manager if I needed."

Staff said regular staff meetings took place so that important information could be shared. All of the staff spoken with felt that communication was good in the home and they were able to obtain updates and share their views. Staff told us they were always told about any changes and new information they needed to know. The home had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date. Staff told us policies and procedures were available for them to read and they were expected to read them as part of their training.

The registered manager understood their responsibilities in relation to the registration with the Care Quality Commission (CQC). Staff had submitted notifications to us, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided.

There were plans in place to deal with unexpected emergencies such as fire. These plans included detailed personal evacuation plans for each person living in the home as well as contingency plans should the home become uninhabitable due to an event.

The provider had systems in place to assess and monitor the quality of service that people received. These checks took place on a daily, weekly and monthly basis. The registered manager monitored the service and planned improvements through the formal quality assurance processes they had in place. They completed audits in

areas such as care records, infection control, complaints, medication, health and safety and both the internal and external environments. This meant that the majority of the service was appropriately monitored to ensure good care was consistently provided and planned improvements and changes could be implemented in a timely manner. Although we saw that in September a relative had left feedback about a lack of activities. The regional manager's monthly audits in September and October had not documented this feedback and as such it was not addressed.