

Wendleberrie Care Ltd

Wendleberrie House

Inspection report

3 The Avenue
Wellingborough
Northamptonshire
NN8 4ET

Tel: 01933442160
Website: www.wendleberriehouse.co.uk

Date of inspection visit:
04 February 2016
08 February 2016

Date of publication:
09 March 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

The inspection took place on 4 and 8 February 2016 and was unannounced. Wendleberrie House provides residential care for up to nine older people, including people living with dementia. At the time of the inspection eight people were using the service.

The service had 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.

The staff understood what constituted abuse and the safeguarding procedures to follow to report abuse both internally and externally. People were supported to take risks and make informed choices. Medicines were appropriately managed.

Staff were recruited following safe and robust procedures and there were sufficient numbers of suitable staff available to meet people's assessed needs. Staff received training to ensure they were equipped with the skills and knowledge to support people using the service. Staff supervision systems were in place to ensure that staff had the opportunity to reflect on their work practice and plan their learning and development needs.

People's consent was sought before staff provided their care. People who lacked capacity to make decisions were supported following the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People had a balanced and varied diet and their dietary needs were assessed and monitored. They had regular access to healthcare professionals and were supported to attend health appointments to ensure their health and well-being was maintained.

Staff treated people with kindness, compassion, dignity and respect. Independence was promoted and people were enabled to make and maintain relationships which mattered to them. Individualised care plans were in place that reflected people's needs and choices on how they wanted their care and support to be provided.

A programme of entertainment activities was provided for people using the service. People were supported to engage in their choice of social and leisure activities.

People and their representatives were encouraged to provide feedback on the service and suitable arrangements were in place to respond to any complaints.

The vision and values of the service were person-centred. People and their representatives were supported to be involved and in control of their care.

Management systems were in place to monitor the safety of the environment and the quality of the service. Plans were in hand to improve upon the recording of the monitoring checks to provide a more robust audit trail.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to provide people's care and support.

Staff had been recruited using a robust recruitment process.

Robust arrangements were in place for the safe administration and management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff were appropriately trained and supported with regular supervision and appraisal.

People were provided with a varied diet that met their needs and preferences. They were supported to eat and drink sufficient amounts to meet their nutritional needs.

People had access to health care professionals and received appropriate care and treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their care and support.

People were treated with dignity and respect.

People were given the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's individuality.

People were involved in decisions regarding their care and treatment needs.

Complaints were listened to and responded to appropriately.

Is the service well-led?

Good ●

The service was well-led.

There was a registered manager in post.

There was a positive open culture at the service where staff and people using the service felt included and consulted.

People using the service and their representatives were asked for feedback on the service they received. Their feedback was used to continually review and make positive changes to the service provision.

Systems were in place to monitor the service and plans were in hand to improve upon the recording of the checks to provide a more robust audit trail.

Wendleberrie 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 service under the Care Act 2014.

This inspection took place on 4 and 8 February 2016. It was unannounced and carried out by one inspector.

Before the inspection the provider 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. We looked at the information from the PIR and reviewed information received from statutory notifications (statutory notifications inform us about important events that providers are legally required to tell us about by law). We also sought feedback from commissioners involved in monitoring the care of people using the service.

During our inspection we spoke with five people using the service, four relatives, the registered manager and three care staff. We also made general observations on the care and support people received.

We looked at the care records for three people using the service to ensure they were reflective of people's needs, two staff recruitment files and other records, including audit and quality assurance records to ensure that the service was monitoring all aspects of service delivery.

Is the service safe?

Our findings

All the people we spoke with said they felt safe living at the service. One person said, "I really do feel very safe". Relatives also told us they had no concerns about people's safety. One relative said "We are very confident [person's name] is safe and sound, we have no worries at all". We observed people were supported to independently move around the home, where needed the staff assisted people to move safely using appropriate moving and handling equipment.

Staff told us they had received safeguarding training on how to recognise and report abuse. One member of staff said they had also been on advanced safeguarding level 2 training that covered the reporting procedures to outside agencies. Through our discussions with the staff we established they fully understood their duty of care towards keeping people safe from abuse and their responsibility to report abuse.

The provider had a safeguarding policy in place that highlighted the different forms of abuse and the reporting procedures. Records held at the service showed that the registered manager had made relevant safeguarding referrals to the local authority and had also informed the Care Quality Commission (CQC) as required by law.

We saw that all visitors were required to sign the visitors' book on entering the building. This was so that staff knew who was in the building in the event of any emergency and also reduced the potential risk of any strangers entering the building.

Risk assessments were in place for each person using the service. For example, moving and handling assessments identified the individual risks and the level of support needed to move safely. We also saw that risks of people acquiring pressure sores due to immobility and frailty were assessed. Where potential risks were identified pressure relieving equipment was put in place, such as mattresses and seat cushions. This limited the likelihood of people developing pressure sores.

People had personal emergency evacuation plans (PEEP's) in place to assist the emergency services in the event of an emergency evacuation of the service. The registered manager told us that fire safety equipment was regularly checked and the staff confirmed that regular fire drills took place. We saw records that also evidenced this.

The staff told us they were aware of the accident and incident recording procedures. The registered manager told us they monitored accident and incidents to identify how further accidents could be reduced. We saw records of accident and incidents reports had been completed and people's risk assessments had been reviewed and updated as required following any accidents and incidents occurring.

People were safeguarded against the risk of being cared for by staff that were unsuitable to work in a care service. We saw that written references were obtained from previous employers and checks had been carried out through the government body Disclosure and Barring Service (DBS). There was an established team of staff employed at the service and the registered manager confirmed that external agency staff were

not used.

People said they thought there were enough staff available to provide their care and support. One person said, "If I need help they are there straight away, I have never had a situation when I have had to wait any length of time". Another person said, "The staff are always about, if I need any help, I only have to say and they help in any way that they can". "One relative said, "The staff are absolutely fantastic, because it is a small home, there is always a member of staff available". The staff said they felt there was enough staff to support people appropriately. They also said that if a member of staff was absent they worked additional shifts to provide cover. The registered manager said they did not have a problem with staff absence, as the staff were dedicated to meeting the needs of people using the service and did not take much absence leave. We observed on the day of the inspection there was sufficient staff available to meet people's needs and people's requests for any assistance were quickly responded to.

People's medicines were safely managed and only administered by staff that had received full training, which was also evidenced in the staff training records. One person said, "I get my medicines given to me the staff know what tablets I have, there has never been any mistakes". We observed people being given their medicines; we saw that staff followed the provider administration procedures. People were offered pain relieving medicines prescribed to be given 'as required' and their choice was respected as to whether they felt they needed them or not.

Some people had chosen to retain the responsibility of applying their own prescribed creams. Their consent to staff administering oral medicines was obtained and recorded within their care files. The registered manager told us that a representative from the dispensing pharmacy visited the service twice a year to carry out medicines audits and we saw that no concerns had been identified. No controlled drugs (CD) were in use, however in the event of a person being prescribed a CD medicine suitable storage was available.

Is the service effective?

Our findings

People said the staff providing their care were appropriately trained to meet their needs. One person said, "Some of the staff have been here for years, they know how to look after us like the back of their hand". Another person said, "I see the older staff training the new staff, I certainly feel that the staff have the right training to look after our needs". Relatives said they thought the staff had the right skills and knowledge to meet people's needs. One relative said, "The staff know [person's name] ever so well, they know her little ways, they get on well. We have no doubt that they know how to provide her care, they always act with professionalism".

Several of the staff had long service, whilst some had recently started working at the service. We observed during the inspection that one new member of staff was being mentored by an experienced member of staff during their induction training. The staff told us that new staff had to complete induction training working alongside an experienced member of staff before they were allowed to work alone. We saw the mentor and the new member of staff recorded the areas they covered on induction training.

The staff confirmed that they were provided with mandatory training that covered health and safety matters such as, moving and handling, food hygiene, infection control, fire safety, first aid and safeguarding people from abuse. They also told they received service user specific training to ensure they could meet the full range of people's needs. This included training on areas such as dementia care, pressure area care, nutrition, the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They said that most of the training they received was classroom based, with the exception of some distance learning courses. The registered manager told us they had also signed up for staff to embark on the accredited Care Certificate diploma training. During the inspection we observed the staff providing people with care and their actions demonstrated they had the right skills and knowledge to care for people using the service.

The registered manager told us they had regular meetings with the staff to provide them with the opportunity to reflect on their work performance and identify any further training needs. Records of staff meetings also confirmed this.

The staff told us they received regular supervision with the registered manager and the supervision meetings gave them the opportunity to reflect on their work and identify any further training needs. They showed us records of their supervision meetings that also evidenced they took place regularly. They said that outside of the meetings they felt they could approach the registered manager at any time to discuss any matters.

People told us that staff always sought their consent and offered them choices before supporting them with their care. One person said, "The girls always ask if I am ok with whatever needs to be done, they listen to what I have to say and respect my choice". Throughout the inspection we observed staff sought consent from people before providing their care and support.

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).

We checked whether the service was working within the principles of the MCA and DoLS and whether conditions on authorisations to deprive a person of their liberty were being met. All the people currently using the service had capacity to make decisions. The manager was aware of their responsibilities under the MCA and DoLS codes of practice. They informed us that no people using the service had their liberty restricted.

People were complimentary about the food and drink they received at the service. One person said, "We choose what we want for meals, its good home cooked meals". One person said, "The food is quite nice, I eat better here than I ever would living on my own". Relatives said they had never heard people complain about the food, one relative said, "The meals always smell very nice". People told us they had the opportunity to choose what meals they wanted on the menu and if they wanted anything else it would be accommodated. We saw within records of resident meetings that people had suggested meals to be included on the menus and they had been made available to them.

During the inspection we observed people being supported to eat and drink over the lunchtime. Most people were seated at the dining tables the staff offered people a choice of cold drinks and the meals were served by the care staff. We observed that people were supported discreetly by staff to enable them to maintain their independence with eating and drinking.

People said they could see their GP whenever needed. One person said, "If I was not feeling well the staff would contact the doctor for me". Relatives confirmed that the staff contacted them whenever their relatives were unwell. One relative said, "The staff always inform us if [person's name] is not well, the communication with the home is very good". We saw records contained within people's care plans that evidenced the staff promptly contacted the GP or relevant healthcare professional in response to any concerns about people's health conditions.

Is the service caring?

Our findings

One person said, "I like living here I need the company of others, it's good for me". Another person said, "I love it here, this is my home and I want to stay here for as long as I can, I hope that if ever I get really ill, I don't have to go in hospital".

We observed interactions between people using the service and the staff, there was a homely feel and a light-hearted ambiance, people chatted to each other and it was evident that friendships had been made and they enjoyed each other's company. One person said, "Every day [person's name] comes and watches TV with me in my room, we are good friends".

We observed the staff worked with people in a calm friendly manner, They took time to fully explain what they were doing and stopped what they were doing to sit and spend time to chat with people. It was evident from their actions and discussions with the staff that they took the time to get to know people and build up strong relationships. People were addressed by their preferred names and the staff responded to requests for assistance quickly.

During the inspection we observed staff were professional in their approach towards meeting people's care needs, for example, staff assisted people to move using moving and handling equipment such as walking frames. We noted they took the time to provide people with the support they needed, whilst allowing people to be as independent as possible.

People and their representatives were involved in making decisions and planning their care. We saw that each person was encouraged to share information about themselves such as, important events in their lives and the things that mattered to them the most. The information helped tailor the care provided so that people's specific needs and preferences could be met.

The care plans we reviewed contained information about people's choices and preferences, for example, hobbies, interests, likes and dislikes. People using the service and their relatives told us they were involved in the setting up and the ongoing reviews of their care plans. We also saw that confidential information about people's care was stored securely and only shared with professionals involved in monitoring their care.

People were supported to maintain relationships with people that mattered to them. People using the service and relatives said they could visit as often as they were able to. One person told us their daughter visited them every day. Relatives said there were no restrictions on visiting their family members; they said they were always made welcome by staff whenever they visited.

One relative said, "There is such a warm friendly relaxed feel about the home, we have been to other homes that more like hotels, this home may not be posh but its home and that's what matters".

People told us the staff treated them with respect and ensured their privacy and dignity were promoted. The staff understood what privacy and dignity meant in relation to supporting people with personal care. We

observed that staff knocked on people's doors and waited to be invited in before entering. They addressed people by their preferred name and were sensitive and discreet in meeting people's personal care needs.

Is the service responsive?

Our findings

People told us that their needs had been assessed before they moved into the service. They said they were involved in putting their care plans together to say how they wanted their care to be provided. Relatives also told us they were involved in attending the care plan reviews of their family members' with the registered manager, staff and social workers. The care plans contained sufficient information about people's needs and we saw they were reviewed and evaluated regularly

People were supported to engage in hobbies and interests according to their individual choice and preferences. One person said, "I love watching the TV soaps and to keep up to date with the news". They were able to tell us in detail the storyline of what was happening on Emmerdale and Coronation Street. They said they liked to watch the midday news on the TV in their room and each day they invited their friend, another person using the service, to watch TV with them. The other person said, "Oh we like watching the news together".

One person said, "I like doing anything that involves arts and crafts". They said they enjoyed playing the recorder and liked listening to music, their favourite being classical music. They spoke of how they enjoyed listening to a Vivaldi Recorder Concerto that morning and how people under rated the recorder as a musical instrument. They told us they played the recorder and during the inspection we heard them playing the recorder for other people using the service, it was played beautifully. They said, "I feel quite pleased, I really feel my confidence has been boosted playing in front of people".

We saw that people visited the service to provide therapeutic activities and musical entertainment. One person said, "I sometimes attend the events, you're not obliged to join in I just see how I feel on the day".

Arrangements were in place for people and relatives to provide feedback on the service they received. People told us that resident and relatives meetings took place with the registered manager; they said that the manager and staff were always approachable and available on a daily basis. We saw minutes of the meetings that demonstrated people were invited to contribute ideas to the running of the service and any changes to the service were shared with people.

There was a complaints procedure in place and information on how to complain was available throughout the service. People told us they did not have any complaints about the service. One person said, "I would speak to the manager if I was worried about anything". The registered manager told us they had not received any complaints from people using the service or relatives.

Is the service well-led?

Our findings

There was a registered manager in post and all of the people and relatives we spoke with knew who the registered manager was. One person said, "The home has real homely feel to it, the owner and the staff are very friendly and approachable". Another person said, "We all get along very well, we have lived together for many years, it's more like being in a family". All the relatives spoke of feeling involved in the care of their family members and working in partnership with the staff. One relative said, "I would definitely recommend the home to anyone that was looking for a care home".

People using the service and their representatives said they were involved in making decisions about their care and relatives said they were kept informed about their family members changing needs. They all commented that communication between them and the home was good.

Feedback from other professionals involved in monitoring the service was positive. All the staff confirmed they enjoyed working at the service and their comments indicated that they felt valued and involved in decisions making.

Staff told us that they received support from the registered manager. One member of staff said, "We work as a team, we are all here to provide quality care for residents. The manager is always approachable; he has an open door policy".

The staff told us they had regular meetings with the registered manager, they said they were used to share information and ideas. We saw minutes of the meetings that demonstrated staff discussed care practice, training and areas identified for improvement.

We noted during the planning stage of the inspection that we had received low numbers of notifications from the service especially death notifications. Notifications are sent by the provider informing us about important events which the service is required to send us by law. We checked during the inspection and found that no deaths had taken place other than what we had been notified of. One member of staff said, "We are very lucky that people live a long time at Wendelberrie House, we are very proud of the fact that people maintain good health and a good quality of life".

The staff were aware of their responsibilities to safeguard people. A whistleblowing procedure was in place and the staff were able to describe what they would do to raise any concerns about people's safety or welfare directly outside of the service. The registered manager said they had a zero tolerance of abuse and they carefully selected staff that came to work at the service to ensure they had the right attitude and ethos of protecting people from being subject to any form of abuse.

People and relatives told us that the service arranged regular meetings to provide them with information about the service and to provide a platform to discuss ideas for improvement. Records showed that the meetings took place on a regular basis and areas regarding the running of the service were discussed.

The registered manager told us they also attended care provider forum meetings that provided the opportunity for them to network with other care providers and share ideas.

We saw that systems were in place to regularly review people's care records. We also saw that regular checks were carried out to the building and equipment, such as, bath hoists, fire, water, heating, lighting, electrical and gas systems.