

All About Care Limited

Wimbledon House Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

Care service description

Wimbledon House can provide accommodation and personal care for 34 people who have mental health conditions. The accommodation is on two floors. There were communal lounges, a dining room, smoking room and well maintained gardens. A stair lift was available to help people who had mobility difficulties and one bathroom was fitted with a bath hoist. The service had its own vehicle to make sure people were able to access facilities in the local area and pursue a variety of activities.

Rating at last inspection

At the last inspection, the service was rated good and requires improvement in the 'safe' domain.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 April 2016. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach of Regulation 12 of the Health and Social Care Act Regulated Activities Regulations 2014, Safe care and treatment. We undertook this focused inspection to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wimbledon House Residential Care Home on our website at www.cqc.org.uk

At this inspection we found the service remained good and is now rated good in the 'safe' domain.

Why the service is rated Good

The service had improved since the last inspection. Potential risks to people were now identified and there was guidance on how to safely manage the risks. People received the interventions they needed to keep them as safe as possible. Risk assessments were designed to keep risks to minimum without restricting their activities or their life styles and promoting their independence, privacy and dignity.

Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were completed.

Safeguarding procedures were in place to keep people safe from harm. These procedures had been followed by the registered manager when necessary. Staff had been trained in safeguarding adults and they knew what action to take in the event of any suspicion of abuse. Staff knew about the whistle blowing policy and were confident they could raise any concerns with the registered manager, or outside agencies.

Staff were checked before they started working with people to ensure they were of good character and had the necessary skills and experience to support people effectively.

There was enough staff on duty to keep people safe and give them the care and support that they needed.

People received their medicines safely and when they needed them.

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 ●

We found that action had been taken to improve safety.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

Staff had received training and knew how to recognise and respond to different types of abuse.

Medicines were managed safely.

There was enough staff to keep people safe. Staff were checked before they started working at the service.

Wimbledon House Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

We undertook an announced focused inspection of Wimbledon House Residential Care Home on 14 February 2017. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 8 April 2016 inspection had been made. We inspected the service against one of the five questions we ask about services: is the service safe? This was because the service was previously not meeting some legal requirements. This inspection was 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 reviewed the information included in the PIR along with other information we held about the service. We looked at previous inspection reports and notifications received by CQC. A notification is information about important events which the provider is required to tell us about by law, like a death or a serious injury.

We spoke with six people, the registered manager, deputy manager and two members of staff. We looked at three people's care plans and the associated risk assessments and guidance. We looked at a range of other records including medicines records and audits, maintenance records, four staff recruitment files and staff rotas. We observed people receiving their lunchtime medicines.

We last inspected this service on 8 April 2016. A breach in the regulations was identified at this inspection.

Is the service safe?

Our findings

People told us they felt safe living at the service. They were relaxed in the company of staff and staff reacted quickly if people became distressed or anxious. Staff knew people well and said they had built up good relationships with the people they supported. People told us, "I am alright here. There is always someone around if I want anything". "Everyone is friendly. Everyone living here has different illnesses and we are all tolerant of each other".

At the last inspection in April 2016 risks to people had been identified and assessed but guidelines to reduce risks were not always available or were not clear. At this inspection improvements had been made. Some people were at risk of skin problems. Other people were at risk of losing weight or falling. People were at risk of their mental health deteriorating. There was information available to give staff the guidance on how to reduce the risks and what action to take if the risks actually occurred. Information on how to manage the risks was available in people's care plans. Staff were able to say what they would do to make sure these risks were kept to a minimum.

The provider had policies and procedures for ensuring that any concerns about people's safety were reported to keep people safe from harm. When incidents occurred staff followed the correct procedures and consulted with the local authority safeguarding team and the appropriate action was then taken to make sure people were safe.

Other risks had been assessed in relation to the impact that the risks had on each person. There were risk assessments for when people were in the local community and if they smoked. There was guidance in place for staff to follow, about the action they needed to take to make sure that people were protected from harm in these situations. This reduced the potential risk to the person and others. These potential risks were assessed so that people could be supported to stay safe by avoiding unnecessary hazards.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of scalding. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

The registered manager had an 'emergency plan' in place to make sure they could respond to emergency situations such as adverse weather conditions, staff unavailability and a fire or flood. There was an on-call system in place, which was shared between different managers employed by the provider. Staff told us that they could always contact a member of the management team should they need additional support or guidance.

Accidents and incidents were recorded by staff. The registered manager assessed these to identify any

pattern and took action to reduce risks to people. Incidents and accidents were discussed with staff so that lessons could be learned to prevent further occurrences.

Staff had received training on keeping people safe. They were able to recognise the different types of abuse and told us what actions they would take if they believed someone was at risk and how they would report their concerns. Staff understood what they needed to do should they witness bad practice. They were aware of the whistle blowing policy and the ability to take concerns to agencies outside of the service if they felt they were not being dealt with properly.

People were protected from financial abuse. People signed to confirm they had received their monies and they were encouraged to manage their money as independently as possible. There were procedures in place to ensure that all money received and spent was accounted for. Money was kept safely and was accessed by senior staff only. People could access the money they needed when they wanted to.

People said that their medicines were given to them when they needed them. Most people's medicines were managed by staff. People said they were happy with this arrangement and this was the way they preferred to have their medicines. If people wanted to and they were able, they were supported to take their medicines independently.

Medicine Administration Records (MAR) charts showed that people received their medicines according to the prescriber's instructions. People's medicines were reviewed regularly by their doctor to make sure they were still suitable. Temperature checks of the room where the medicines were stored were taken daily and recorded to ensure that medicines were stored at the correct temperature to ensure the effectiveness and quality of the medicines used. Medicines were stored securely for the protection of people. Some special medicines required storage in a special cabinet. The cabinet used by the service met the required legal specifications for storing these medicines.

Some people were given medicines on a 'when required basis'. These were medicines for pain like paracetamol or medicines to help people remain calm. There was written guidance for each person who needed 'when required medicines' and the guidance explained when the person should receive the medicine. People received their 'when required' medicines consistently and safely. Staff had received training in medicine administration, which was refreshed every year. This was followed by a test to check staff knowledge and understanding of the training.

There was enough staff on duty to meet people's needs and keep them safe. People said that there was always enough staff around if they needed anything. The staff team was stable and they knew people well. If staff were unavailable, because of sickness or other reasons, the rest of the team covered the shortfall. Agency staff were rarely used, and never worked alone with people they had not met before.

Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. The registered manager made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review.

As well as care staff there were sufficient housekeeping and maintenance staff on duty to ensure the premises was clean and well maintained. Staff told us there were sufficient staff on duty at all times and the rota showed that staff worked as a team to cover for sickness or annual leave. On the day of the inspection the staffing levels reflected the number of staff on the duty rota.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Application forms showed a full employment history and gaps in employment had been explored when staff were interviewed. Satisfactory evidence of conduct in previous employment was recorded and other safety checks had been completed including Disclosure and Barring System (DBS) checks and health declarations. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services). Interviews were carried out and an interview check list was completed to ensure that correct recruitment procedures had been completed. Successful applicants were required to complete an induction programme and probationary period. During the interview process the prospective member of staff was introduced to people so they had an opportunity to meet and comment on the suitability of new staff.