Wordsworth House Limited

Wordsworth House Care Home

Inspection report

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Date of inspection visit: 24 June 2015
Date of publication: 15/09/2015

Ratings

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

Overall summary

This unannounced inspection took place on 24 June 2015.

Wordsworth House Care Home is situated in Swanage. The service is registered to provide accommodation and personal care for up to 51 people and does not provide nursing care. The home is a detached three storey property. At the time of our visit there were 28 people living in the service and two people staying for respite.

At the time of our inspection there had not been a registered manager since December 2013.The manager, at the time of our visit, was not registered with the Care Quality Commission although had applied. 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.

At our last inspection of Wordsworth House Care Home in October 2013 we found the provider was in breach of

Summary of findings

regulations in relation to safety and suitability of premises and in keeping adequate written records about people. We asked the provider to take action. Following the inspection the provider sent us an action plan; setting out how they would address the shortfalls They told us they would meet the relevant legal requirement by March 2014.

We found the provider had taken action. The action plan to improve the premises was in two phases and was completed within the time frames. Current improvement work was not as a result of the previous inspection and was indicative of an old building requiring ongoing maintenance. On the day of the inspection there was improvement work to the premises. Water pipes were being replaced under the floor boards, which was causing disruption to some people and posed some potential risk to people and staff.

Improvements were made to care records and we saw peoples care plans were personalised and provided staff with appropriate guidance on how to support people based on their individual needs and preferences.

People were treated with care and compassion and we saw people had positive relationships with staff. People had their individual preferences respected.

People were able to participate in activities and had support to go out.

Staff were involved in a NHS Project to provide a dementia friendly environment and we saw some actions had been implemented, for example we saw people living with dementia had more independence at meal times, as a result of changes made to the colour and design of crockery.

There were improvements being made to how training was organised and provided.

Management and staff were positive about the service they provided and were motivated to make improvements.

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Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements were needed to how environmental risks were managed to mitigate risks to people and staff during improvement works.

Risks to people's welfare were assessed appropriately and care was planned to meet their needs.

People were at reduced risk of abuse because staff were able talk to us about types of abuse and knew their responsibilities in reporting it.

There were sufficient numbers of staff to maintain a safe service.

People received their medicines safely.

Requires improvement

Is the service effective?

People received effective care. Improvements were being made to improve the provision of training to staff, to ensure that all staff received effective training and had the right skills to do their job.

Staff worked within the legal framework of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff worked in partnership with healthcare professionals to ensure people's needs were met.

People were given the support they need to eat and drink.

Good

Is the service caring?

The service was caring.

People felt staff were caring and kind to them .Staff were polite and respectful.

People's privacy and dignity were respected by staff.

Staff spoke warmly about people.

Good

Is the service responsive?

People received care that was responsive to their individual needs.

Staff got to know peoples individual likes, dislikes and preferences and tailored care to meet individual needs.

People knew how to raise concerns and felt listened to by the provider.

Good

Is the service well-led?

Some improvements were needed to how quality checks were conducted.

People had confidence in the manager and told us management were approachable, helpful and supportive.

Requires improvement

Wordsworth House 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.

The inspection took place on 24 June 2015 and was unannounced.

The inspection was carried out by a single inspector.

Before the inspection we reviewed all the information we held about the service. This included notifications regarding safeguarding, accidents and changes in the service. At the time of the inspection a Provider Information Record (PIR) had not been requested. 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 asked the provider to tell us what they have achieved and what they were proud of.

Prior to the inspection, we contacted a representative of the local authority's contract monitoring team and the clinical commissioning group involved in the care of people living at the home to obtain their views on the service.

We spoke with three people living at the home and two visiting relatives. We spoke with seven members of staff and three healthcare professionals who had regular contact with the home.

We looked around the home and observed care practices throughout the inspection. We looked at four people's care records and the care they received. We reviewed records relating to the running of the service such as environmental risk assessments and quality monitoring audits.

Observations, where they took place, were from general observations. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked a sample of the Medication Administration Records.

Requires improvement

Is the service safe?

Our findings

People and staff safety was not always protected. During our inspection work was being carried out on the middle floor to replace the water pipes. The provider told us the work was being carried out for the safety and comfort of people living in the home. The provider had completed a risk assessment and identified the hazards, for example slips, trips and falls. However on the day of our inspection ,the floorboards were up some of the time and it was unsafe to walk about. The flooring was uneven. This meant some people were unable to move freely around the building and also people and staff were at risk of tripping. Staff were continuing to use the corridor. The provider had not taken sufficient action to mitigate the risks during improvement works.

The work also meant there was constant banging which could be heard throughout the building, although people did not comment on the noise. The provider informed us the work would take approximately three weeks, the top floor had already been done and the middle floor was completed on the day of inspection.

Dorset Fire and Rescue Service carried out a Fire Safety Audit on 17 June 2015 and there were some actions which needed to be addressed. The provider showed us an action plan which was required by the fire officer. The action plan identified that fire exits were to be cleared, improvements made to signage and replacement doors and glazed panelling were required .An external company had been employed to carry out the work and Dorset Fire and Rescue Service were continuing to monitor.

People's care plans provided staff with detailed information about how to support people in a way that minimised risk for the individual. For example one person at risk from falls had a detailed care plan giving specific guidance to staff to minimise the risk of falls. This included when and how to monitor the person, depending on the time of day and location and what assistance the person needed from staff. We saw staff supported people to balance their independence with risk. For example people with dementia were supported to walk outside in the garden area under observation of staff. Staff told us they were involved in risk assessment on a daily basis for example if someone with dementia needed one to one staff support or if mobility aids were required.

People were at reduced risk of abuse. The service had a policy on protecting people from abuse and staff were able to describe types of abuse and they knew their responsibilities to report it. Staff were able to give an example of when they contacted the safeguarding triage team for advice.

There were enough staff to ensure people received safe care. There had recently been a restructuring of the staff team. The team leader and care manager roles were supervisory and provided a structure which enabled staff to be supervised and supported. The provider told us they had recruited four new staff recently. Staff told us that it was noticeable that staffing has improved because "people are downstairs." This meant there were sufficient staff available to assist people to come downstairs.

People received their medication safely. The team leaders were responsible for administering medication each shift and had received training to ensure they were competent. Staff told us they needed to have an awareness of what medication was for and the potential side effects so they knew when to consult with the GP. The Medication Administration Records were dated and signed correctly and medication was administered and stored safely.

People were supported by staff who were recruited safely. The service carried out checks on staff before they started work which included criminal records checks, identity checks and obtaining references in relation to their previous employment.

Good

Is the service effective?

Our findings

People received care from staff who had suitable knowledge and skills to meet people's needs. However not all staff had received a refresher for some training which the provider had identified as essential. For example 11 staff were due refresher training in safeguarding adults and five staff needed a refresher in health and safety training. The manager was aware of this and improvements were being made to how staff training was delivered and a training manager had been appointed. As a part of ongoing improvements the service was reviewing training providers. Additional training was being delivered to enhance clinical care, such as catheter and pressure area care. Team Leaders were trained as trainers for moving and handling and were disseminating training to all staff. Healthcare professionals told us they have confidence that staff have the right skills to meet people's needs.

Staff received induction training before they started work, which included computer based learning and three days shadowing an experienced member of staff. We asked the manager how staff were assessed as competent and were told new staff work a probationary period. If they achieved the competencies required at the end of this period they were given a permanent contract.

One member of staff told us that training enables them to "do their job better," and other staff we spoke to told us they had enough training to enable them to do their job. Staff felt they were supported well and received supervision from a line manager.

Staff were involved with a NHS Dementia Project and there was a one year action plan to ensure the home was "dementia friendly". Some changes based on National Guidance for dementia friendly environments were already in place, for example the use of red dinner plates for people living with dementia. This was thought to improve the food intake for people living with dementia, probably because of the contrast of the food with the plate.

The Mental Capacity Act 2005 (MCA) provides the legal framework for acting and making decisions on behalf of people who have been assessed as lacking capacity to make specific decisions. Staff were aware of the act and were able to tell us how they ensured people were involved in making decisions about their care. Staff were able to describe to us how they consult with relatives and healthcare professionals when making a best interests decision for a person lacking capacity. We were able to confirm this with a healthcare professional and saw that relatives had been consulted

Staff knew about the Deprivation of Liberty Safeguards (DoLS). These safeguards aim to protect people living in care homes and hospital being inappropriately deprived of their liberty. DoLS can only be used if there is no other way of supporting the person safely. The provider had make two applications to the appropriate supervising authority responsible for assessing applications to deprive people of their liberty.

People were supported to eat and drink and we saw people being offered a choice. We observed people had drinks within easy reach which they could access independently. Care plans identified the levels of support required and specialist dietary needs were identified. We observed lunch time. People who needed help were given one to one support from staff and the mealtime was unhurried. The food was freshly prepared and looked hot as it was served; people told us they enjoyed the food. The manager told us that people had a choice of food at all meals for example some people had a cooked breakfast.

Peoples health needs were identified and met. For example we saw staff contacting the GP on the day of our inspection because of concerns about someone's health. People were referred to other healthcare professionals, such as the community matron and district nurses. We were told by health care professionals that staff refer people appropriately and in a timely way. We were told that if recommendations were made, for example about pressure area care, staff followed the recommendations. One community nurse told us, "staff were, "very aware of people's needs." One relative responded when asked about their relatives healthcare needs, that their loved one's "quality of life has definitely improved," since living in the home.

Good

Is the service caring?

Our findings

People were treated with kindness and respect. One person told us that staff were, “very good to me.” Another person told us, “staff are excellent.” We saw staff interacting with people and greeting them warmly. One member of staff talked to us about how rewarding it was to get even “the tiniest smile from someone.” One member of staff told us how they respect people’s decision about their daily routines. They told us that if the person lacks capacity they use different approaches to help support the person. For example, “we use a person centred approach and try talking with the person, or give the person space and time or use distraction.” Another member of staff told us they “like to have one to one time –tap into where they are, sit with them and find how to reach them.”

People knew the staff who were supporting them and staff were able to talk to us about people’s likes and dislikes.

We saw people who were sat quietly were spoken to whenever staff walked by. When staff needed to support someone they asked permission and explained what they planned to do. For example, when a person needed to be assisted with personal care, we heard staff ask if that was okay and explained how they would need to use the hoist.

As the hoist was being used we heard staff explain step by step what they were doing. This meant people were treated respectfully and kindly and involved in decisions about their care.

Staff reassured people when they asked for help. For example one person called for help during lunch, staff checked with the person what help they needed and gave assistance and reassurance. This meant the person was able to relax and continue with their lunch.

People were treated with dignity and respect. People’s privacy was respected and personal care was carried out discreetly. Staff were able to describe how they ensure people’s privacy is protected, for example if someone received a phone call, one member of staff told us they left the person to talk in private.

The manager told us people and their relative’s views are important and there were plans to re- introduce regular relatives meetings as a forum for family to express their views.

People had care plans regarding end of life care and we were told by one member of staff that end of life care was “fantastic”. This was confirmed by healthcare professionals and we saw there were compliments from relatives saying how well cared for their loved one was at end of life.

Good

Is the service responsive?

Our findings

People's care was planned and delivered in a way that was tailored to their needs and preferences. People's care plans gave staff information about the person, including their preferences, likes and dislikes and what the support the person needed. For example, one person preferred to eat their meals in their room which was clearly documented and staff respected the person's decision. People had their own belongings in their rooms, we also saw that one person had their own telephone so that they could make and receive phone calls from family and friends directly. Care plans were reviewed at least monthly, for example, one person was using bed rails and after their care plan was reviewed, the person was assessed as not being suitable for bed rails and they were discontinued. We also saw examples of people's continence needs being reviewed and changes to continence aids being made.

Care plans gave detailed information about preferences to peoples individual routines, for example, how people were supported with personal care.

Relatives told us the home did a "thorough" pre-assessment of people to ensure the home was able to meet their needs and to make sure that staff knew as much about their loved one as possible.

People were asked what activities they would like to do or if people were unable to say one member of staff told us they considered information regarding people's background to help plan activities. Staff spoke with people about their life history and people were invited to have a wish list. For example one person talked to us about their wish to go shopping, which they were supported to do. The activity timetable was planned a month at a time for a range of activities, including trips, a spa day, social events and reminiscence. Staff told us they provided one to one room visits for people when needed. They told us activities are an important part of life for people in the home and this was confirmed by people for example the person who was supported to go shopping told us how enjoyable it was and how important it was for them. We were shown a reminiscence room which had various equipment and items dating back to when people were younger. We were told how some families had contributed to the provision of the room and we were told how beneficial the room is to people. One member of staff told us the reminiscence room "is working really well."

There was a complaints policy and the procedure for reporting complaints was on display. People told us they know how to raise concerns and felt they are listened to. We saw that the manager dealt with complaints promptly and there was one complaint which was open and being investigated. Staff told us they tried to deal with issues as they arose, to prevent concerns escalating to a complaint. We saw the home also received compliments, for example, one received June 2015; read "nothing ever seemed to be much trouble."

Requires improvement

Is the service well-led?

Our findings

Some improvements were needed in terms of how quality checks were carried out. We looked at audits (checks) which the service had identified as being required. For example there was a weekly walk around audit. This was a check of the environment which was carried out by a manager, it had not taken place weekly. There were two audits which had taken place in 2015. On both of these checks, areas in the home which smelt of urine were identified and remedial action was taken. The manager agreed that the checks had not been carried out weekly as indicated. We were told the previous manager had been responsible for carrying out checks. The new management team told us they planned to review what checks were required, the frequency and how they were to be carried out.

Actions were taken following some audits. The provider had identified through audit that the call bell system was out of date and a new system was scheduled to be installed in June 2015. However it was unclear following wheelchair audits if actions were taken. For example the same wheelchair was identified as having problems with a footplate in two audits; there was no action recorded and therefore it was unclear if there was a plan to rectify it.

The provider submitted an action plan following our last inspection, the plan concerned safety and suitability of premises and records. The provider completed actions in both phases of the plan to make improvements to the premises. Current improvement works were unrelated to the previous inspections findings. Improvements were made to records and we saw records were informative and gave guidance to staff on how to support people in their preferred way.

The service had gone through some recent changes in staffing and there was a clear management structure in place. People spoke positively about the new management team and staff told us that management were approachable and supportive. We spoke with healthcare professionals and were told, “we have confidence in the manager.” The manager encouraged professionals and people to give feedback and raise concerns. Relatives told us that management have been “very helpful.” One member of staff told us that they had researched local care homes and had specifically chosen to apply for a job in the service because they “liked what they saw.”

The manager told us there was a policy for staff supervision; all staff have a named supervisor who meets with them six times a year. We saw in the last six months, some staff had received one session. This means formal supervision sessions were not provided regularly. Although staff told us they felt sufficiently supported, the formal supervision session gave an opportunity for staff to reflect on how they do their job and improvements which can be made.

Staff told us they can raise concerns with a manager and they feel listened to, we were given an example when a member of staff was unhappy with an aspect of care and raised concerns. They told us they were listened to and the matter was “sorted out.” One member of staff told us “management are flexible, they listen.”

One member of staff told us that she needed extra help in order to do her job and management gave her the support she needed. Staff told us that the team is friendly and they help each other, “we are not left to do it ourselves.”

Staff understood their roles and responsibilities and there were positive relationships between staff at all levels. Following the recent restructuring of staff roles we were told team leaders were more empowered to make decisions about staffing. For example team leaders could book staff directly to cover gaps. Staff were motivated and told us they liked their jobs.

We saw there was an accident and incident reporting system, which was subject to monthly checks. Actions were identified as a result of the reporting system and monthly checks followed up any outstanding actions.

The provider’s vision was set out in their Statement of Purpose. This consisted of a set of principles which included a focus on high quality care underpinned by core values of caring and compassion. The feedback we received from people, care professionals and staff indicated that the core values were embedded in the care people received living in the home.