

Farrington Care Homes Limited

Wainford House Residential Care Home

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Wainford House provides accommodation and personal care for up to 28 older people, some of whom were living with dementia. At the time of our visit 21 people were using the service.

What life is like for people using this service:

People who live at Wainford House have their needs met by sufficient numbers of suitably trained staff. People told us staff were kind and caring and knew them as individuals.

Significant improvements had been made to the environment, including redecoration and refurbishment throughout.

Improvements had been made to the provision of activity. People were supported to remain engaged.

People were offered a choice of meals which met their nutritional requirements. The risk of people becoming malnourished was identified, monitored and managed.

People received the support they required at the end of their life.

The quality of care plans had been improved upon and these now accurately reflected people's needs in sufficient detail.

Improvements had been made to the quality assurance system in place. This meant there was better oversight of shortfalls and areas for improvement. The service was working through action plans to further develop the quality of care provided. Due to the service's history of failing to sustain compliance, more time was required to assess whether these improvements will be sustained.

Positive comments about the management team and providers were made by people who used the service, relatives and staff.

The service worked well with other organisations to ensure people had joined up care. People were supported to have input from external healthcare professionals in a timely way.

People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update):

At the last inspection the service was rated Inadequate. (Report published 27 February 2019)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 27 February 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-Led findings below.

Wainford House Residential Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors, including a pharmacist inspector.

Service and service type

Wainford House is a care home for older people, the majority of whom were living with dementia. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a new manager in place who was in the process of registering with the Care Quality Commission. When their registration is complete, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

we spoke with four people who used the service and one relative to ask about their experience of the care provided.

We spoke with the new manager, a director of the company, and three care staff. We looked at four records in relation to people who used the service. We also looked at staff files and records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection the service was rated 'inadequate' in this key question. At this inspection we found improvements had been made and the service is now rated 'good' in this key question.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- ☐ People told us they felt safe living in the service. One said, "It's good being here and having people about, I am less frightened about having a fall."
- ☐ Staff were aware of the service's safeguarding policy and demonstrated a knowledge of safeguarding procedures. Staff had received training in this area.

Assessing risk, safety monitoring and management

- ☐ The service had improved the quality of risk assessments in place. These now assessed all of the risks to individuals and set out the measures in place to reduce these risks.
- ☐ Risk assessments relating to the environment were in place. This included evacuation plans.
- ☐ Improvements had been made to ensure that shortfalls in the safety of the environment were identified and addressed. Recommendations from a fire risk assessment had now been acted on, this included the fitting of new fire doors and electrical sockets.
- ☐ Equipment such as fire detection systems, hoists and water quality were regularly tested for safety.

Staffing and recruitment

- ☐ People told us they felt there were enough staff to meet their needs. One person said, "Always plenty of carers. Somebody always comes." Another person said, "There is enough [carers] to provide the help I need." This confirmed our observations that people received support from staff when they needed it.
- ☐ Following our last inspection, improvements had been made to the numbers of staff deployed. A dependency assessment had been carried out to determine the number of staff required to meet people's needs, including their social and emotional needs. This was being reviewed regularly and as people's needs changed.
- ☐ Staff told us the staffing level was appropriate to meet people's needs in a timely way. The service had an activity coordinator to support people with meaningful engagement. The provider had employed a second activities coordinator who was starting in the role shortly.
- ☐ The service had robust procedures in place to ensure staff were suitable to work with vulnerable people. This included carrying out checks to ensure people did not have any criminal convictions which may make them unsuitable to work with vulnerable people.

Using medicines safely

- ☐ Significant improvements had been made to the management and administration of medicines. Action

had been taken because of concerns we identified at our previous inspection.

- The service was aware that further improvements we identified, such as improvements to the completion of cream charts, were still required. Entries changed on medicines administration records (MARs) should be signed by two staff, however, this had not always happened, and improvements were required in this area. Plans were in place of how to address these shortfalls, including daily checks by senior staff.
- The providers had acted on concerns raised about the suitability of the current medicines storage area and were creating a new room in which to store medicines.
- The service had been proactive in accepting support and guidance from the Clinical Commissioning Group's (CCG) medicines optimisation team. They had acted on recommendations and supported their staff to improve their practice through training and development.
- More robust systems were now in place to promptly identify medicines errors and areas of continuing poor practice. For example, a medicine error that occurred in June 2019 was identified promptly and action was taken to reduce the risk of further errors occurring.
- People told us they received their medicines appropriately.

Preventing and controlling infection

- Improvements had been made to the cleanliness of the service. A visit from the CCG's infection control team in June 2019 identified areas for improvement. These had been acted on promptly. A follow up visit was carried out the day before our inspection and no other issues were identified. This confirmed our observations that the service was clean throughout.
- Staff had access to appropriate protective clothing (PPE) such as gloves and aprons to use when providing personal care to people or support with meals. We observed that these were changed in between tasks to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Accidents were appropriately recorded. The contents of these records were reviewed by the management team. Investigations into the causes of incidents were recorded and actions were taken to reduce the risk of reoccurrence. Actions taken included making referrals to the fall's prevention team for advice.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection the service was rated 'requires improvement' in this key question. At this inspection we found improvements had been made and the service is now rated 'good' in this key question.

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ People's needs were comprehensively assessed before they came to live at the service. Records demonstrated these assessments were reviewed monthly to ensure any changes to people's needs were promptly identified.
- ☐ Following our previous inspection, improvements had been made to implement a clearer care plan format. Care plans now contained sufficient information for staff on caring for people and better reflected best practice guidance, such as that produced by the National Institute For Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- ☐ The training and development of staff had been improved upon following our previous inspection. The service had recently carried out another training needs analysis and identified where further updates to training were required. These were booked for August 2019.
- ☐ Staff told us they felt well supported and were encouraged to develop in their role. They were complimentary about the face to face training they received and demonstrated a good knowledge of subjects they had received training in.
- ☐ Staff told us that they were asked about other qualifications or training courses they would like to take at regular one to one sessions with their manager. The service had implemented annual appraisals to ensure discussions were held with staff about performance and development. Objectives and goals were set for the coming year.
- ☐ The service supported staff progression and gave staff opportunities to progress to roles with more responsibility.
- ☐ Senior staff monitored the competency of care staff to ensure training was effective.

Eating, drinking and a balanced diet

- ☐ We observed the meal time experience was positive and people were given a suitable choice of food and drink. One person asked for a dessert which wasn't on the menu, and the staff got this for them.
- ☐ People told us the food was good quality. One said, "Food is lovely. They are good meals here. Today I just fancied salad and they made me one." This was confirmed in our observations.
- ☐ The service assessed and monitored the risk of malnutrition and dehydration. Plans were in place to guide staff on how to reduce this risk. The service took a 'food first' approach and supported people to maintain their weight with homemade, high calorie supplements and snacks.

- One person had a specific care plan in place around how they should be supported with meals and drinks. We saw staff following this care plan. We observed that this person, who was living with advanced dementia, had also been provided with three beakers of different drinks to choose from to encourage them to drink sufficient amounts.

Supporting people to live healthier lives, access healthcare services and support

- People told us the service supported them to access support from external healthcare professionals. One said, "A little while ago when I was walking I felt like I was drunk. They got the doctor for me."
- We observed staff telling one person their new glasses were ready at the optician and asking whether they wanted to go and collect them or if they wanted staff to do this. The person wanted to go and pick them up themselves. The manager told us the person liked to use an optician in another town, which they had always used. They were going to arrange transport and accompany them personally to collect their glasses.
- Records were kept of the contact people had with other healthcare professionals and the advice which was provided. This was transferred into care planning and discussed in staff handover meetings to ensure staff were aware of any changes to people's needs.

Adapting service, design, decoration to meet people's needs

- Following our previous inspection, significant improvements had been made to the environment, which was much more pleasant. This included redecoration and refurbishment, which was still ongoing in some areas of the service.
- People had been involved in making decisions about the redecoration of the service. This included choosing wallpaper for the corridors and communal areas. The provider was also having everyone's bedrooms redecorated to their preference. A relative said, "They are going to redecorate they have said [family member] can choose what [they] want." We saw accessories such as light shades had also been purchased for people in their preferred colour scheme.
- The new décor was more stimulating for people living with dementia and made it easier for them to orientate themselves around the building and navigate to key areas such as their bedroom and bathrooms.

Ensuring consent to care and treatment in line with law and guidance

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 with appropriate legal authority. In care homes this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Improvements had been made to ensure that people's capacity to make specific decisions was assessed.
- Staff demonstrated a knowledge of the principles of the MCA. We observed that staff supported people with making day to day decisions according to their ability.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection the service was rated 'requires improvement' in this key question. At this inspection we found that improvements had been made and the service is now rated 'good' in this key question.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ All the people we spoke with told us that staff were kind and caring towards them. One person said, "These [staff] never lose their temper. They are good as gold, always helpful."
- ☐ We observed that staff treated people with kindness, understanding and compassion.
- ☐ It was clear from our observations and discussions with staff that they knew people as individuals and had a good knowledge of their preferences. Our observations confirmed staff knew about people's routines and how they liked their care delivered.

Supporting people to express their views and be involved in making decisions about their care.

- ☐ Care plans could be further developed to ensure people's views on their care were reflected. One person told us they did not know about their care plan. They said, "I did not know I had a care plan." However, the input of other people and their representatives was recorded in care records.
- ☐ The service understood their role in supporting people to make decisions about their healthcare options. Records were kept of these discussions and the outcome.

Respecting and promoting people's privacy, dignity and independence.

- ☐ Improvements had been made to ensure there were detailed life histories in place for people, so staff could understand their past. This was particularly important for people living with dementia who may not always be able to recall this information independently.
- ☐ The service promoted and encouraged independence. One person was supported to continue their routine of going to the shop each morning to buy a newspaper, and measures had been put in place to reduce the risks associated with this. This person told us, "I go out every day to buy a paper. I go and read the paper at the quay. When I go out I have the address of the home in my wallet."
- ☐ One person told us that doing their own ironing was important to them because of their past career. They said, "I do my own ironing, I asked when I first arrived. I go down once a week." Another person told us they liked to clean their own dentures and said, "They put my dentures and cleaning things out and I can do it myself."
- ☐ People's care records made clear the parts of tasks they could complete independently, and this reduced the risk of them being over supported by staff.
- ☐ Our observations demonstrated that staff treated people with dignity and respected their right to privacy. One person said, "They are respectful, I dry myself, but they hover about make sure I do not slip over."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection the service was rated 'requires improvement' in this key question. At this inspection we found that improvements had been made and the service is now rated 'good' in this key question.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Plans were in place to further develop care plans to make them more personalised and improve the amount of detail about people's preferences.
- It was clear from our observations that staff knew people well. For example, one person's care plan stated they liked wildlife television programmes, and we saw staff putting these on for this person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was communicated to people in a way they could understand, taking into account their individual needs.
- Where people were unable to verbally communicate, there was information about the other ways they may communicate. For example, through facial expression or body language.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Improvements had been made to activities in the service and opportunities for people to be meaningfully engaged. The provider had recently employed a second activities coordinator, who was due to start shortly.
- There were more external activities organised to entertain people. One person said, "We had a sing along yesterday when some singers came in. We had a man come in to make balloons. Elvis came to the garden party. It's all going on."
- People were supported individually to engage in activities they enjoyed. One person said, "One of the carers brings me books with larger print. I can read them with my magnifying glass." Another person told us, "I cannot go out on my own. I tell the carers, and someone comes with me to do some shopping."
- We were told one person had wished to ride a motorcycle. The service had arranged for this person to be taken out on a specially adapted motorcycle the day prior to our inspection to fulfil this wish. The manager was in the process of trying to source transport for one person to be taken to the church of their preference, in another town, to attend Sunday service.

End of life care and support

- End of life care planning had been improved to ensure people's preferences and wishes at the end of their

life were reflected. This means the service could provide them with more person-centred care.

- The providers had considered the guidance in the Gold Standards Framework and these principles were reflected in care planning. The Gold Standards Framework sets out guidelines on best practice in planning and delivering end of life care.
- The service maintained good links with other healthcare professionals to enable them to support people effectively at the end of their life.

Improving care quality in response to complaints or concerns

- There was a suitable complaints policy in place which was displayed in a communal area. People told us they knew how to complain. One said, "If I was not happy would go and see the manager. I do not have anything to complain about."
- The service had not received any complaints since the last inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection the service was rated 'inadequate' in this key question. At this inspection we found that improvements had been made but some improvements were still in progress. The service is now rated 'requires improvement' in this key question.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility and continuous learning and improving care

- ☐ Since the previous inspection, the providers had invested in the future of the service and in improving the experience of the people they provided care to.
- ☐ A new manager had started in post shortly before our inspection, and they were in the process of registering with us. Whilst the actions of the new manager were positive, more time was required to fully assess their effectiveness in sustaining improvements.
- ☐ Significant investment had been made in improving the environment, which resulted in a more pleasant atmosphere which people were positive about.
- ☐ The providers had implemented a more robust quality assurance system which was capable of identifying areas for improvement. They had employed an external consultancy to oversee the quality of the service and carry out independent audits. We saw that this system picked up shortfalls, such as areas for improvement in medicines administration and in the environment.
- ☐ Where shortfalls were identified, these were added to an ongoing improvement plan the provider had in place. We saw that actions were signed off when complete and more important actions had been prioritised.
- ☐ Significant improvements had been made in all areas of the service since our previous inspection and this had led to a positive improvement in people's experiences.
- ☐ The provider had acted on the shortfalls we identified at the last inspection and had been proactive in accepting support from other organisations such as the Clinical Commissioning Group (CCG) and Suffolk County Council to bring about meaningful improvement in the service.
- ☐ Further improvements were still planned to the service, such as the development of care planning, improvements to the environment and changes to the availability of activities staff. This demonstrated a commitment to the continuous improvement of the service.
- ☐ Staff were positive about the increased presence of the providers and told us this reassured them. They were positive about the improvements that had been made in the service and understood why these were required.
- ☐ Whilst positive changes had been brought about by the providers, the service has a history of failing to sustain compliance. The service currently has a number of vacancies and is receiving a high level of support to improve from both its consultants, Suffolk County Council and the CCG. More time is required to assess

whether the service will sustain the improvements made thus far.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- ☐ A new manager was in place at the time of our inspection who was in the process of registering with the Commission.
- ☐ The manager was clear about the shortfalls in the service and where improvements were required. They demonstrated an understanding of quality care and a commitment to driving sustained improvement. Whilst the providers were positive about their knowledge and experience, more time was required to assess their ability to continue and sustain improvements.
- ☐ Feedback from external organisations was positive about the new manager. We were told that they engaged well with those supporting improvements in the service, took on board advice and put this into practice.
- ☐ People using the service and staff were also positive about the new manager. One person said, "This manager is alright, she gets about, friendly, you can talk to her." Staff told us the new manager was supportive, listened to the staff and said they could learn from them. Staff said they felt the new manager had improved the service and had a positive impact on the quality of the care provided to people.
- ☐ Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- ☐ Surveys had recently been sent out to staff and healthcare professionals to gain insight into their views on the service. We reviewed the contents of surveys received back so far and saw these were positive. Plans were in place to send surveys out to people using the service and their relatives.
- ☐ Regular meetings were held with staff to discuss the ongoing improvement of the service and give them opportunities to share ideas and concerns. Staff told us these meetings were helpful and said the manager was open to any questions.
- ☐ Meetings were also held with people using the service and relatives. People were given the opportunity to participate in making decisions about changes to the environment, activities and how the service could be further improved.

Working in partnership with others

- ☐ The management team had positive relationships with healthcare professionals who supported people using the service. They had also developed links with external organisations who support care homes with driving excellence in care.