

Winifred Healthcare Limited

Winifred Dell Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Winifred Dell is a residential care home providing accommodation for persons who require nursing or personal care up to 76 people. The service provides support to older people some of whom are living with dementia. At the time of our inspection there were 71 people using the service.

People's experience of using this service and what we found

The deployment of staff was not always consistent, however following the inspection the registered manager put plans in place to address this. Staff were recruited safely. Systems were in place to safeguard people from the risk of abuse. There were risk assessments in place to protect and promote people's safety. The service had processes in place to learn from accidents and incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People, staff and relative were positive about the service and the support they received.

The provider and managers had governance systems in place which provided oversight and monitoring of the service. These governance systems and processes ensured the service provided to people was safe.

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

Rating at last inspection

The last rating for this service was good (published 18 January 2020)

Why we inspected

The inspection was prompted in part due to concerns received about unwitnessed falls. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Winifred Dell on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Good ●

The service was well led.

Details are in our well led section below.

Winifred Dell 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Winifred Dell Care is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Winifred is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

As part of this inspection, we spoke with the registered manager, the deputy manager, and 7 members of staff. We spoke with 16 people living at the service and 6 relatives. We observed people being supported at the service. We looked at the care records of 11 people and multiple medicine records. We reviewed 2 staff files. We also spoke with an external health professional.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- There was enough staff to meet the needs of people at Winifred Dell. However, more work was required to ensure the deployment of staff was effective.
- On the first day of inspection the observations in 1 area of the home identified staff did not always provide enough supervision or support in communal areas. One person in the service was a high risk of falling and continued to stand without their mobility aid. Another person asked staff for support but waited a long time before staff responded.
- We carried out another observation in this area on the second day of inspection and the atmosphere and staff response was completely different. Staff were present in communal areas and chatted to people throughout our observation, people were occupied and involved in the activities provided. When we discussed this with the registered manager, they told us less experienced staff had been on duty during the first observation and they had now put in additional steps to avoid this happening again.
- Most people and relatives told us there was enough staff. One person told us, "I can't walk and if I want the toilet, they jump to it, they are really good." Another person told us, "I feel safer here than at home, the night staff are lovely, day staff are good."
- Following the inspection, the registered manager completed a review of staff skills and experience and completed lessons learned with staff. The deputy manager was also going to work in this area to provide additional oversight.
- Appropriate recruitment checks took place prior to staff commencing employment which ensured potential staff were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood their responsibilities to protect people from abuse or poor care and knew what action to take. A staff member told us, "I would report any concerns to the manager or head office. If I was still concerned, I would go to CQC."
- People and relatives told us they or their family members were safe. One person told us, "I feel safe, I know the people here, I never have any problems and any questions, problems or if I am not feeling too good, I can talk to the staff." A relative said, "[Person] is safe here, has got their own room, staff look after them and any incidents they are straight onto it."
- One relative did have a concern and we fed this back to the registered manager to follow up.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and skin integrity. A person said, "Staff keep a check on me, I get up and staff say slow down you will fall, it's a good thing they

say that as I have got no patience."

- There were risk assessments for bed rails and for people's specific health conditions such as people who had diabetes and guidance for staff was detailed.
- Environmental risks were well managed. People had personal emergency evacuation profiles (PEEPs) in place to ensure they were supported in line with their needs should there be a need for an emergency evacuation at the service. Gas, water, electrical installations, hoisting equipment and fire safety and alarm systems were serviced by professionals.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Using medicines safely

- Minor issues were identified with medicines. An error was identified for medicines which require a particular type of storage condition on the day of inspection. The deputy manager quickly identified this was a recording error related to a refusal of a medicine which had been signed for as staff had not followed best practice in recording medicines after they had been administered to people. The deputy followed this up immediately with the staff involved.
- Medicines administration records were clear and showed people received their medicines safely, in the way prescribed for them. A person told us, "I have my tablets in the evening, 2 at night, never been missed."
- When medicines were prescribed to be given 'when required', protocols had been written to guide staff when it would be appropriate to give these medicines. We discussed with the deputy that more person-centred guidance would be beneficial for people being administered a particular type of drug and they agreed to follow this up.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors in line with current government guidance. During our inspection

relatives visited safely and without restriction.

Learning lessons when things go wrong

- The oversight of accidents and incidents was robust, and the registered manager had identified there were a number of unwitnessed falls. A falls prevention action plan was in place which included various initiatives to try to further reduce falls such as lighting, exercise classes, a review of falls equipment and all falls were now discussed in every handover.
- The registered manager told us they continued to research various techniques for reducing falls and had tried some incentives which had proved unsuccessful. They had recently introduced luminescent footprints for people's bathrooms but found some people were bending down to remove these which had increased their risk of falls.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and deputy were very responsive following our inspection, completing lessons learned for any of the minor concerns we had identified. Action was taken following the inspection to address the concerns related to staff deployment and medicines. The response was detailed, and information shared with staff to avoid any reoccurrences.
- The provider and the senior team undertook a range of quality audits to identify where improvements could be made. These audits covered a wide range of subjects such as safeguarding, care practice, personhood dementia care, documentation, the dining experience, maintenance of the building and leadership. All shortfalls were then monitored by the provider or the senior team until they had been addressed.
- The registered manager and deputy were visible in the service and each area had a senior staff member to support people and staff. A staff member told us, "I feel, very supported and they [registered manager and deputy] are always on the end of a phone."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The atmosphere was positive in the service. In 1 area people were involved and interacting with other people and staff. Just before lunch staff encouraged people to dance and sing which meant they were stimulated and ready to eat lunch. People were dancing together, and the room was full of laughter.
- People and relatives were positive about the service. A person told us, "I have got no complaints, it is very nice, staff are very good, I get a good sleep at night and the food is exceptional." Another person said, "It is marvellous, I love it all, I have got no complaints, staff are lovely and will advise you if needed, we are entertained and get help if it is needed. I go out into the garden and was out all this morning." A relative said, "The care has been good, housekeeping is good and there are never any horrid smells."
- The service was involved with various community incentives such as supporting a local GSCS student with an intergenerational project, celebrating Diwali, a visit from a Shetland pony and a visit to a day nursery.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Staff were aware of how to whistle-blow and knew how to raise concerns with the local authority and the CQC. A staff member said, "The whistle blowing policy is outside in the front hall and in the medicine room."

- The registered manager and deputy manager were open and transparent during the inspection and aware of their responsibilities under the duty of candour.

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

- Systems were in place for people, relatives and staff to feedback on all aspects of the service they received. For example, staff had regular meetings, supervision and daily handovers. A staff member told us, "I am happy, I have been here for 2 years, we work well as a team. I feel I can share ideas." Another staff member said, "We have staff meetings, we meet in the cinema room for handover. It is a great atmosphere and nice teamwork. We work really well."
- The service held meetings for people so they could ask questions or voice any feedback. A relative told us, "They have been very good on meetings and asked us for our concerns and taken on board our views, I complained about the water glasses, they were stained brown, they changed them all, I think it was the sterilisers." Another relative said, "Staff know me, they all say hello, we chat, they are looked after as well as can be. I can email the manager out of hours, and they respond very quickly even evenings and weekends, they always provide me with an answer."

Continuous learning and improving care; Working in partnership with others

- The service had good working relations with external health professionals. We spoke with 1 health professional during our visit who told us, "Staff are lovely, professional and helpful."
- The provider supported the registered manager to keep up to date with any changes in adult social care. The registered manager contacted any resources which could benefit people living at the service.