

Winash Limited

Winash Rest 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?	Good ●

Summary of findings

Overall summary

Winash Rest Home provides care and support for up to 32 older people. At the time of our inspection there were 30 people living at the service. The service is situated in a residential area of Clevedon close to local amenities. The service is located over three floors with communal lounges, a dining room and access to rear and front garden areas.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

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

Staffing levels were safe. Staff were caring, consistent and experienced. People valued that staff were respectful, treated them as individuals and supported their independence.

Medicines were stored and administered safely. Risk assessments were in place to support people safely whilst ensuring people's independence was retained. Care records were person centred and supported people to maintain their chosen lifestyle and interests.

People's health needs were met and good relationships were established with other health and social care professionals. Staff had effective induction, training and supervision.

The service facilitated meaningful activities. Activities stimulated people and facilitated social contact. People regularly accessed the community independently or with support. Community links and initiatives were established and were continually being developed.

Positive feedback was received about how the service was led and managed. People were actively involved with making choices about the service provision. People were encouraged and supported to make their own decisions.

Communication and feedback systems were in place for people, staff and relatives. Such as meetings, newsletters and surveys.

There was a positive staff culture and atmosphere within the service. Staff were valued and supported. Systems were in place to monitor and review the quality of the service.

Regular checks of the environment and premises were conducted. The service was clean and tidy.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Winash Rest 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.

This inspection took place on 20 August 2018 and was unannounced. The inspection was carried out by one inspector 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the service is legally required to send us.

Some people at the service may not be able to tell us about their experiences. We used several different methods such as undertaking observations to help us understand people's experiences of the home.

During the inspection we spoke with ten people living at the service and three relatives. We also spoke with six members of staff including the two registered managers. We received feedback from two health and social care professionals. We reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "One of the best things here is the feeling of security." Another person said, "It's pretty good here. I feel safe and secure."

People spoke positively about the staffing levels at the service. One person said, "There are no problems with staff. They pop in and check I'm OK." Another person said, "There are normally enough staff and they are competent." People told us that staff had enough time to spend with them. We observed staff responding to people's individual support needs and taking time to sit and speak with people. A staff member said, "Staff rotas are well thought out and planned." The service had good staff retention. One of the registered managers said, "We invest in staff and aim to be flexible and supportive."

Individual risk assessments for areas such as mobility, personal care and accessing the community were documented. Guidance was in place to direct staff in supporting people in a way that reduced risks but maximised people's independence. For example, the service provided a tracker device should people wish use to use it. This enabled people to contact a member of staff for assistance and be located if an emergency arose. One person told us how the service had supported them to use a mobility aid. This had enabled them to access the garden safely by themselves which they enjoyed.

People's medicines were administered and managed safely. Medicines that needed storage in line with legal requirements had been stored appropriately. One person said, "My medication is given to me on time and safely."

Accidents and incidents were reported and reviewed. Actions were detailed of what had been done at the time and who the incident had been reported to. Additional actions taken to reduce the likelihood of recurrence were documented. An on-call system was available out of hours to support the service and staff when needed.

The provider followed appropriate recruitment process before new staff began their employment. Staff files had two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

The provider had policies and procedures in place for safeguarding adults and whistle blowing. Staff had received training in safeguarding and were clear on their responsibilities should any concerns arise.

Environmental risk assessments were in place to minimise identified risks. Regular checks of the environment and premises were conducted. Fire safety assessments, equipment and procedures were monitored. People had individual emergency evacuation plans. The service was clean. A relative said, "It is always clean and tidy." Staff followed appropriate infection control procedures. Following the inspection, the provider collated information they held in different documents to produce a business continuity plan.

Is the service effective?

Our findings

People told us they received effective care and support. One person said, "I like everything about it, it's a lovely place. I wouldn't like to be anywhere else." A health and social care professional said, "It is a good home."

People told us they were given choices over all aspects of their lives. One person said, "You feel a person here, an individual. You are free to do what you want." Another person said, "It's one of the pleasures of being here, you want to have a choice and you are given it." We observed staff offering people choices throughout the day. A relative said, "My relative is encouraged to make her own decisions."

Access to healthcare was supported. Outcomes were recorded and action required included in people's care plans. A health professional said, "There is good communication and actions are followed." A hospital pack was available to ensure relevant information accompanied people should a hospital admission be necessary. However, we did note some people's records indicated they had not seen or been offered a dental review. The registered managers said this would be followed up.

New staff completed an induction which was aligned with the Care Certificate. The Care Certificate is a modular induction which introduces new staff to expected standards of care. Staff commented positively about the induction process. One staff said, "The induction was good." Observation and competencies of staff were completed to ensure staff met the standards expected by the provider. Staff told us and records confirmed that staff received regular supervision. Supervision is where staff meet one to one with their line manager to discuss their performance and development.

Staff received regular training in a variety of subjects such as Mental Capacity Act (MCA), fire safety and manual handling. One staff member said, "The training here is good. We can always ask for additional training." One person said, "The staff are trained and competent."

Outdoor space was accessible to people. We observed people enjoying sitting in the garden during the inspection. Improvements that would benefit people were identified and a programme of planned work established. People independently used the lift to access different parts of the service. Feeling pads had been put next to the buttons to support people with poor eyesight.

The service promoted the use of technology in supporting and enhancing people's wellbeing. For example, people were supported to use technology to connect with family members living abroad.

People were supported with their nutritional and hydration needs. Hot and cold drinks were regularly offered. One person said, "The food is very nice."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The

service had applied where appropriate for DoLS. An overview monitored applications. No conditions were attached to anyone's DoLS who were currently living at the service. We found one person's DoLS information had not been updated in their care records. The registered managers said this would be addressed.

Is the service caring?

Our findings

People were supported by staff who were kind, caring and promoted independence. One person said, "The staff are fine, kind, we are listened to and treated with respect." A relative said, "The staff are friendly, caring and consistent."

The provider told us the service aimed to promote a "Family feel." One person said, "It's hard giving up home. I'm quite happy since I've been here. They help us do the things we like, make it as homely as possible."

People told us that staff treated them with respect and dignity. Comments included, "We are treated as adults", "As individuals" and "With respect and courtesy." One person described their interactions with staff, "They talk to you in a way that you would talk to someone you respect, they don't treat you like a child. They don't talk down to you because you're elderly. They let me do what I want." The service had organised a poetry competition about dignity. All the poems had been collated into a book to share what dignity meant to people.

People told us they were encouraged to do things for themselves and supported to be as independent as possible. One person said, "I had problems getting into the shower but they were very helpful and I can do it now myself." The service had arranged 'scam awareness' training by a financial provider. This supported people to remain independent and safe managing their own finances.

People could access the community and local area as they wished. One person said, "We go out for a walk in the park, we sign in and out and can go when we want." People's lifestyle choices were supported. One person said, "I go to the Anglican church. It's nice to get out into a different environment and I also go to the men's group there." Another person said, "We don't get shooed off to bed. We are often up late in the lounge and staff are fine with that. You feel a person here."

Visitors were welcomed at the service at any time. We observed people receiving and going out with their visitors. One person said, "My family and friends come in at all times." Relationships and social networks were supported. One person said, "I go out for long walks, often with one of the other residents." The service facilitated one person to access a social befriending service.

People had an allocated keyworker. Staff were given protected keyworker time. People spoke positively about the relationships they developed with their keyworker.

Is the service responsive?

Our findings

People received care and support that was responsive to their needs. One person said, "You feel a person here, individual. You are free to do what you want."

People spoke positively about the activities facilitated by the service. There was a range of activities to suit different interests. A weekly schedule of activities was displayed. One person said, "There's so much to do. Classes with the physio twice a week, quizzes, arts and crafts, we make jam and drinks, ice lollies, preparing veg, all sorts." A relative said, "The entertainment and stimulation and the attention to doing things with residents is very good and appropriate." Activities engaged people socially. One person said, "I try to involve myself in activities, quizzes, boccia, men's club. Contact with other people is very important." One person said, "If you want to go out for a walk, a carer will go with you. I go the coffee mornings at the church." However, people also told us that if they chose not to participate in activities this was respected.

People benefited from the activities available. One person said, "It's very good here, they are always trying to get your brain working." A relative said, "My relative is mentally stimulated, there's lots of social contact. You come here and everyone is in different places, not all sitting asleep in a lounge. Since my relative's been here, she's a different person, very happy, not anxious or uptight." The service had recently featured in a national publication about the benefits that keeping chickens in the garden had for people. For example, by providing purposeful activity and reducing anxieties.

Regular meetings were held for people to be involved with how the service was run. We reviewed the minutes of previous meetings. These were well attended by people and matters were openly discussed. People's feedback and suggestions were asked around a wide range of areas. Items raised were revisited at the start of the following meeting to ensure actions had been taken. For example, a wet room had recently been installed in response to people's preferences of using a shower. One person said, "The resident's meetings are helpful."

The service had received three complaints since January 2018. Any concern raised was processed through the formal complaints procedure to ensure all issues raised were effectively managed. Complaints were investigated and apologies given to acknowledge where the service could improve. People told us they felt comfortable speaking to their keyworkers or the registered managers about any issues that may arise. One person said, "They [staff members] take notice of what people say, if there is something not right, they sort it."

Care records were person centred. They contained information about people's preferences and routines. In addition, people had a life book which gave further details about people's histories, interests and significant events. One person said, "The staff chat with us, they know what we like and don't like." People's religious and cultural needs were documented and how people wished to express these. Care records contained people's specific wishes for the end of their life.

Is the service well-led?

Our findings

The service was well-led. One person said, "The standard is good. The people are friendly, it's efficient." Another person said, "The best thing is the way it's managed."

Positive feedback was received about how the service was managed. A health and social care professional said, "The registered managers are approachable and helpful. This is a nice and pleasant home."

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. There were two registered managers in post. One of the registered managers was also the provider.

A range of community links, fundraising activities and initiatives had been forged. The service continued to develop and trial different ideas which people got involved with or had suggested. The service co-ordinated an inter-generational project called, 'Communi-tree.' This involved different age groups coming together for activities. One person said, "I like the community activities. I love the little kiddies coming in." The service had raised funds to purchase a defibrillator to be used by the community, and to support the 'toilet twinning' scheme. A pen pal programme had been set up with a service in America.

Systems were in place to communicate within the service and with relatives. A health and social care professional commented, "There is good communication." Regular staff meetings were held. Staff told us these were open and issues were encouraged to be shared. A newsletter was produced for people, relatives and interested parties to share news and information about the service and events.

People and visitors were encouraged to leave feedback on, 'The wall of fame' in the foyer, which celebrated and recognised staff contribution to the service. A suggestion and comment box was in the foyer. Surveys were conducted to gain feedback which was acted upon.

Staff understood their roles and responsibilities. Some staff had 'champion roles', and had received additional training and development in a particular area of care. Staff said they worked well as a team and there was a pleasant and happy atmosphere within the service. One staff member said, "I love coming to work." Staff felt valued by the provider. A staff member said, "The support we receive is great."

Systems regularly monitored the quality of the service. This included audits of areas such as health and safety, medicines, complaints and accident and incidents.

The registered managers understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered managers had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained what the service was

doing well and the areas it planned to improve upon.