Wordsworth House Limited

Wordsworth House 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?	Good

Summary of findings

Overall summary

This inspection took place on 29 September 2016. It was carried out by one inspector.

Wordsworth House provides residential care for up to 51 older people. There were 38 people living in the home at the time of our visit, some of whom were living with dementia. The home is a detached three storey property There was an on-going improvement plan to refurbish the building. During our inspection new carpets were being laid and we saw some bath and toilet facilities had been replaced.

There was a registered manager who told us the home was a family run business which was integral to the ethos of the 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.

People told us they felt safe living in the home. Staff were aware of what constitutes abuse and the actions they would take if they suspected if someone was being abused. Staff were able to explain how to escalate any concerns about poor practice. The registered manager demonstrated they had learnt from a safeguarding incident and had reviewed procedures to ensure appropriate actions were followed.

People were supported by enough staff who had been recruited safely. Relevant checks were undertaken before people started work. For example references were obtained and checks were made with the Disclosure and Baring Service to ensure that staff were safe to work with vulnerable adults. Staff told us they were busy but did not feel rushed and felt they had enough time to spend with people. The registered manager told us they monitored staffing levels to ensure people's needs were met. They informed us they would not exceed 40 people on the existing staff numbers.

People had opportunity to be involved in activities that interested them. The activity coordinator told us people were asked about their interests on admission and each month people were consulted again as part of planning the next month's activity calendar. They gave us examples of activities which had been planned based on people's suggestions, such as a trip to a local military museum and baking.

People's risks were assessed and plans developed to ensure that they received care which minimised the risks of them coming to harm. For example one person had risks associated with their behaviour; the home had involved healthcare professionals in planning how to manage the person's risks so that they could be supported in the least restrictive way.

Medicines were managed safely. Medicine Administration Records (MAR) were signed to indicate that people had received the correct medicine. Medicines were kept securely and staff who were responsible for

administering medicine had undergone training and were aware of actions to take if an error occurred.

There were quality monitoring systems in place which included regular checks of medicines, accidents and incidents, handwashing and mattresses. Any improvements needed were highlighted and there was a process for ensuring actions were recorded and checks made to ensure they were completed. Management also carried out spot checks.

People had access to healthcare when they needed it; peoples care records demonstrated contact with a variety of healthcare professionals.

People had personalised care plans which were took account of their likes, dislikes and preferences. They included detailed guidance on the care and support people needed. They were kept up to date and reviewed as required and staff were knowledgeable about peoples care needs. People were asked if they would like to develop a life story as part of their care plan.

People were supported by staff who received appropriate training to enable them to carry out their job roles. They told us they were supported by management and received regular supervision and an annual appraisal.

Staff were patient and caring towards people. We observed positive interactions and staff were knowledgeable about people's interests and preferences.

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.
People were at reduced risk from harm and abuse. Staff were aware of how to identify and respond to actual or potential abuse.

There were sufficient staff to meet people's needs.

Medicines were stored and administered correctly by staff who had completed the appropriate training.

People's risks were assessed and care was delivered to minimise the risks to people.

Is the service effective?

Good

The service was effective.
People were cared for by appropriately trained staff.

People were supported to eat and drink.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and how this applied to their daily work.

People had access to healthcare from a range of healthcare professionals.

Is the service caring?

Good

The service was caring.
People were cared for by staff who treated them kindly. There were positive interaction between people and staff.

People had their privacy and dignity maintained.

People were involved in decisions about their care.

Is the service responsive?

Good

The service was responsive. People received personalised care and engaged in activities that interested them.

Complaints were managed appropriately and according to policy. People told us they knew how to raise concerns.

Is the service well-led?

Good

The service was well led. The management team were visible and approachable and an open cultured was promoted.

There were systems in place to monitor the quality of the service and to ensure improvements were on-going.

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.

This inspection took place on 29 September 2016; it was carried out by one inspector and was unannounced.

Before the inspection we received a Provider Information Return (PIR). A PIR 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 spoke with nine people, two relatives and nine staff which included the management team, care workers, activity staff and the cook. We looked at four care records and a sample of the Medicine Administration Records (MAR) and four staff files. We also contacted a representative from the local authority quality improvement team.

We looked around the service and observed care practices throughout the inspection. We saw four weeks of the staffing rota and the staff training records, and other information about the management of the service. This included accident and incident information, emergency evacuation plans and quality assurance audits.

We used the Short Observational Framework for Inspection (SOFI).This is a way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People were at reduced risk of harm and abuse. Staff had received training in safeguarding vulnerable adults and were able to describe to us how they would recognise abuse. Staff were aware of the correct processes to follow in order to report abuse, including how to report concerns about poor practice. Staff were aware of whistleblowing procedures. Before our inspection we had been notified of a safeguarding incident. The registered manager explained the actions they had taken following this incident. This included ensuring that people were safe. They identified areas associated with policies that required improvement and we saw they had taken advice to complete this. The provider informed us that senior staff had completed a safeguarding adult's manager's course.

People told us they felt safe living in the home. One person told us "I've lived here for a long time, I feel safe, I wouldn't live here if I didn't." Another person told us "Staff keep an eye on me- they make sure I'm okay." People told us there were enough staff. One person commented that staff got them what they needed when they asked. During our inspection call bells were being used frequently and we heard staff responding in a timely manner. The registered manager showed us a record of response times for call bells which demonstrated they were answered promptly. The registered manager told us they monitored staffing and were confident they had the staff ratio correct. The numbers of people living in the home had increased over the previous year and they adjusted staffing accordingly. They informed us they would not exceed the number of people living in the home above 40 on current staff levels. Staffing was provided at the assessed level. When agency cover was required for unplanned absence, the registered manager told us they used staff who were familiar with the home.

Staff were recruited safely. There were sufficient pre-employment checks. For example references were obtained and checks were made with the Disclosure and Baring Service (DBS) to ensure staff were safe to work with vulnerable adults.

Medicines were stored and administer appropriately. Staff who administered medicines had received appropriate training and were aware of what actions to take should an error occur. Staff were observed talking with people and offering drinks with their medicines. We saw they checked people had taken their medicines before signing to record it had been administered.

People had a full assessment of their needs which included specific risk assessments, such as pressure areas, eating and drinking and mobility, as well as general risk assessments associated with people's individual needs. When a risk was identified there was a care plan which provided guidance to staff on how to support the person in such a way as to reduce the risk in the least restrictive way. For example one person had certain behaviours which were managed by staff to maintain the safety of the person and others. The plan had been developed with input from healthcare professionals and discussion with family. This demonstrated that people were supported safely by staff who were proactive in supporting people to remain living in the home.

There were on-going improvements within the home. During our inspection new carpets were being fitted.

We saw there were detailed risk assessments and plans to minimise disruption for people during this work and any other refurbishment which had taken place. Maintenance jobs were reported and completed promptly. For example a broken door bell was repaired the same day. There was a maintenance log which recorded when checks had been carried out on the building and equipment. For example a check of emergency lighting was completed in August 2016.

Accidents and incidents were reported in accordance with the service policy. The manager monitored accidents and incidents for patterns and trends. For example one person had an increase in falls and one of the actions was to ensure an alarm mat was in place to alert staff when the person moved from their chair, so that staff could respond promptly.

People had personal evacuation plans which meant staff had an overview of what support each person would require if they needed to leave the building in an emergency.

Good

Is the service effective?

Our findings

People received care and support from staff who had the appropriate skills and training. A process had been developed which recorded what training staff had completed and when they were due for a refresher. Management monitored this and used a training calendar to book training in advance so that staff were able to attend it. Training included dementia awareness, fire safety, dementia and nutrition and record keeping. New staff completed an induction period and were unable to work unsupervised until they were considered competent to carry out their job role. The provider told us they had instructed a care consultancy company to develop their own induction paperwork which was based around the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. One member of staff told us they felt supported during their induction and described it as good. They told us they were working through the care certificate.

Staff received supervision six times per years. We saw that when staff raised issues in supervision these were followed up and actions taken. Staff told us they experienced supervision as supportive as well as a learning opportunity. One member of staff told us "I felt listened to." Emerging themes from day to day practice were used as a topic for discussion. For example confidentiality and supporting each other.

People told us they enjoyed the food and were offered a choice of what to eat and where to sit for meals. One person told us "I get two choices; I can have something else if I don't like it." Another person told us that staff knew they didn't like a particular sauce so served food without it. The cook had recently started in post. They told us they had prioritised sorting out the kitchen and were gradually introducing new food choices into the menu. People's food preferences, likes and dislikes were recorded in their care plans as well as in the kitchen. We heard staff checking with people what they liked. A member of staff told us they had a list to guide them regarding people's preferences but asked anyway in-case people changed their minds. People living with dementia or people who had a visual impairment had modified crockery to support them remain independent at meal times.? People had nutritional assessments and if required a special diet was provided. People at risk of not eating enough were monitored to ensure they had sufficient dietary intake.

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 by 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

Staff understood the principles of the MCA and how it applied to their work. For example one member of

staff told us that when people needed support with choosing their clothes, they offered alternatives and encouraged people to make a decision about what they would like to wear. They told us if people refused support with care they would try different strategies such as return later or another member of staff would ask the person. This demonstrated that people were supported to make decisions in the least restrictive way.

Mental capacity assessments had been completed appropriately. Some people did not have capacity to consent to being in the home and to receive care and support. The registered manager had made the appropriate DoLS applications to the local authority and they were at various stages of completion.

People had access to a range of healthcare professionals based on their health and social care needs. The registered manager told us they had good relationships with local GP's and the district nursing team. We saw people had appointments with a range of healthcare professional which included the community mental health team, Speech and Language Team (SALT), physiotherapist and chiropodist.

Good

Is the service caring?

Our findings

People told us staff looked after them well and were kind and considerate. One person told us "They are excellent; they take good care of me." Another person told us "Staff get it right, they are as good as gold." One relative told us "Staff are fantastic." We observed staff being kind and patient with people and using appropriate humour to banter with people. There was a relaxed atmosphere in the home and there were informal conversations taking place between people and staff. Staff used appropriate non-verbal communication to demonstrate listening and to check people understood them. For example talking with people at eye level and using hand gestures and facial expressions. We observed staff using moving and assisting equipment to support a person to move from their chair. They explained step by step to the person what they were doing. One person was talking with a member of staff and commented to us "They do everything to help me."

Staff were enthusiastic about working at the home. One member of staff told us "I love working here, I love talking with people and hearing about their life, some of them don't have a family so it's up to us to make a difference." Another member of staff told us "I like to help people and make sure they are comfortable and have what they need; everyone is different so I get to know each person.

People's privacy was maintained. Feedback from people included "They close the curtains and the door." We saw staff knocking before entering rooms and personal care was carried out discreetly. The provider told us that dignity and respect were integral to their training and development plan. They had established dignity champion roles within the home. The role was to ensure that staff supported people with dignity in all aspects of care. As well as this the registered manager told us they had discussed dignity in themed supervision sessions and staff meetings.

People told us they felt involved in decisions about their care and their independence was encouraged. Three people told us they chose to stay in their rooms and that staff respected their wishes. One person commented "I tell them I prefer to stay in my room, I enjoy peace and quiet, they ask me if I want to do anything different and I say no thank you." Another person told us "I can't do much for myself anymore but can still shave myself, staff hand me my razor." This showed us that staff promoted people's independence where possible. People's care records reflected that people and their families had been consulted in relation to the care and support they needed. For example one relative was involved in monthly reviews of their relation and their views formed part of the decision making process which informed the persons care plan. People's families were able to visit when they chose and staff told us they were friendly and welcoming. We saw feedback form one person's relative who commented they always felt welcome.

Good

Is the service responsive?

Our findings

Staff knew people as individuals and had knowledge of them and their personal interests. People's care records contained information about their past life including occupation and family. One member of staff told us people were offered a choice if they wanted to contribute towards developing their life story. Another member of staff told us they got to know people by talking with them however when people were unable to recall details about their life it was helpful to have information in peoples care plans so that they could have meaningful conversations with them.

The registered manager told us that people had regular reviews of their care plans and that whenever possible they were involved in the process. We saw care plans had been reviewed at least monthly and that when people's needs changed the care plan was amended to reflect the change of support required. For example one person's care plan was amended to support them to use the garden independently.

People's feedback was sought during regular meetings as well as an annual survey. The registered manager told us they had a continuous improvement plan which included issues raised as part of receiving feedback. For example following a survey of food in July 2016 larger food portions were provided for some people.

One member of staff told us that in meetings people were invited to say what activities they would like to do. They told us "I don't plan, they do." They gave examples of trips people had requested which had been arranged, such as to a local museum. Another member of staff told us one person had told staff they grew up on a farm and a trip to a farm was arranged. People had an activity wish list. For example gardening and baking. One person had requested to go out on a boat. Staff told us they had sourced an appropriate company and would be planning the trip when in season next year.

There were a range of activities which people could choose to participate in. For example reminiscence, quizzes, bingo and trips out. One person told us "I get asked if I want to join in, I really like the bingo-not keen on scrabble." Activity staff told us they reviewed activities to identify what had worked well and to identify when activities had not been successful. For example morning quizzes were variable so they planned to use some alternative materials. One member of staff told us they did room visits each morning to check if people wanted to join in an activity and to ensure that people had one to one time. This meant that people who stayed in their room were supported by staff to have social contact. One person who told us they chose to stay in their room told us "It's what I like, I have my radio and my books, they keep an eye on me." Another person told us I choose to stay in my room, staff pop in and out and chat with me."

Complaints were managed appropriately and according to the policy. There was a log of complaints which had been received with a record of what actions had been taken. The registered manager had investigated complaints and responded to the complainants with actions they planned to take. For example one complaint involved misplaced laundry; the registered manager advised that additional laundry staff would be appointed which we saw had happened. People told us they knew how to make a complaint with one person telling us "I would know how to complain-I've no need to." Another person told us "I have no complaints if I did I would talk to (name)."

Good

Is the service well-led?

Our findings

The registered manager was due to have a planned absence from work. They had made appropriate plans to have an acting manager to cover their role. They had notified us in advance to inform us of the arrangements .The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager described to us the home was a family run business and they embedded the family ethos into the running of the home. Staff told us they considered working at the home as being like family and one member of staff told us they could talk with managers freely. They told us they worked well as a team. We observed staff communicating professionally and at ease with one another.

There was a clear management structure which included the registered manager or during their absence the acting manager. They were supported by a deputy manager and care manager. The acting manager was also the business manager. Each member of the management team had clearly defined roles. For example the care manager had responsibilities to do with staff training; the deputy manager took a lead on overseeing the care and support people received. Staff told us the management team worked well together and they felt supported by them. One member of staff told us "I needed some extra support- I spoke with (name) and they arranged it for me."

The management team were visible in the home. They used an office on the ground floor which was easily accessible for people, staff and visitors to locate. The registered manager told us that the managers would cover shifts when needed and that they were knowledgeable about people's care needs and with what was happening in the home.

The registered manager told us they were committed to making improvements in the home. They had a continuous improvement action plan and told us they embedded learning from a variety of means to inform improvements that were needed. For example quality monitoring systems, surveys, complaints, accident and incidents as well as by informal feedback and discussion. The registered manager utilised external agencies to gain advice and support. For example to advise on staff personnel issues, policies or training.

Quality monitoring systems included regular audits such as for the equipment people used, people's rooms and medicines. We saw areas that required actions were followed up. For example radiator covers which needed to be replaced following a room audit had been completed.

The management team were proactive in dealing with issues as they arose in the home. For example when feedback was given regarding issues related to the staff team and how some staff were working we saw the registered manager took actions to respond to individuals and the team as a whole. Staff told us that the staff team were working well together and were confident that management had addressed any concerns and that this enabled them to work effectively.

Staff told us they were kept informed of changes within the home during one to one time as well as staff

meetings. For example one member of staff told us they had been told in a meeting about changes to the management team. Minutes of meetings were documented and actions arising were followed up to ensure they had taken place. For example pigeon holes for staff had been discussed and we saw this had achieved.

The service was signed up to the Social Care Commitment (SCC). The Social Care Commitment is the adult social care sector's promise to provide people who need care and support with high quality services.