The Abbeyfield (Maidenhead) Society Limited

Winton House

Inspection report

51 Dedworth Road
Windsor
Berkshire
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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

Winton House is registered to provide accommodation for up to 29 older people who require nursing or personal care. On the day of our visit there were 24 people living in the service.

The registered manager has been registered since February 2014. 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 and associated Regulations about how the service is run.

The service was previously inspected in August 2013 where it was found to be compliant with regulations. This is the first inspection of the location under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and rating required by the Care Act 2014.

We have made a recommendation for the service to seek current guidance on national and local safeguarding arrangements.

We found safe recruitment practices and best practice guidance in relation to recruitment were not consistently followed. This meant the service did not have appropriate processes to ensure potential candidates were competent, skilled and experienced to undertake their job roles.

Risks to people's personal safety had been assessed and plans were in place to minimise identified risks. People said they felt safe living in the service. Comments included, "I have a call bell in my bedroom and one in the bathroom and this makes me feel safe. I know that nobody can get at us" and "I have a walker with an alarm attached to it, which makes me feel safe."

People received care from staff who were not appropriately trained to effectively carry out their job roles.

The service did not act in accordance with the Mental Capacity Act (2005). The Act protected people who lacked the capacity to make specific decisions and enabled them to take part, as much as possible in decisions that affected them. We found no mental capacity assessments were undertaken where people were unable to make specific decisions and the service obtained consent from people who did not have legal power to give it. We have recommended the service see the MCA for current guidance in relation to this.

We found people were supported to maintain good health and receive on-going healthcare support.

Quality assurances systems in place to monitor and improve the quality and safety of the services provided failed to identify where quality was being compromised. Care records did not always accurately record discussions held with people's relatives.

During our visit we observed major structural refurbishment was being undertaken. The registered manager

explained a lot of their time had been spent overseeing the building works which had commenced some months prior to our visit. They told us the deputy manager was able to ensure the welfare and safety of people and provided additional support to staff.

People were positive about the caring nature of staff. The atmosphere of the service was calm and relaxed despite the on-going building works. Staff had established good working relationships with people and spoke confidently about their care and support needs. People could be as independent as they wanted to be. We heard various comments such as, "They help me to be as independent as I can, like I get myself washed and dressed."

People and their relatives felt the service was responsive to their needs. One person commented, "They (staff) are very good at responding to needs promptly." Care plans reflected how people's needs should be met. There were a wide variety of activities on offer to meet people social needs.

The service sought the views of people and responded appropriately to feedback received.

We found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.You can see what action we told the provider to take at the back of the full version of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

We found safe recruitment practices and best practice guidance in relation to recruitment were not consistently followed.

Risks to people's personal safety had been assessed and plans were in place to minimise identified risks.

People said they felt safe living in the service.

Is the service effective?

Requires Improvement

The service was not always effective.

People received care from staff who were not appropriately trained to effectively carry out their job roles.

The service did not act in accordance with the Mental Capacity Act (2005).

People were supported to maintain good health and receive on-going healthcare support.

Is the service caring?

Good

The service was caring.

People were positive about the caring nature of staff.

Staff had established good working relationships with people and spoke confidently about their care and support needs.

People could be as independent as they wanted to be.

Is the service responsive?

Good

The service was responsive.

People and their relatives felt the service was responsive.

Care plans reflected how people's needs should be met.

There were a wide variety of activities on offer to meet people social needs.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurances systems in place to monitor and improve the quality and safety of the services provided failed to identify where quality was being compromised.

Records did not always accurately record discussions held with relatives. relatives.

The service sought the views of people and responded appropriately to feedback received.

Winton House

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 checked 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 was carried out on 30 October and 1t November 2016. It was unannounced which meant the service were not aware we would be visiting. The inspection team consisted of 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 we reviewed all the information we held about the service. We looked at notifications the provider was legally required to send us. Notifications are information about certain incidents, events and changes that affect a service or the people using it. The provider completed a Provider Information Return (PIR). The information in this form enables us to ensure we address potential areas of concern and any good practice.

We used the Short Observational Framework for Inspection (SOFI) to observe the care and support provided to other people in the home. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with seven people, a relative, three care workers, the activity manager, the deputy manager and the registered manager. We looked at five care records, three staff records, records relating to management of the service and observed the environment.

Requires Improvement

Is the service safe?

Our findings

People felt safe living at the service. Comments included, "I do feel very safe. I feel that I am wanted. I have a call bell with me and that makes me feel safe and happy", "I came here about 18 months ago and I feel very safe", "I have a call bell in my bedroom and one in the bathroom and this makes me feel safe. I know that nobody can get at us" and "I have a walker with an alarm attached to it, which makes me feel safe." A relative spoke confidently about their family member being safe in the service and stated they would speak with the registered manager if they had any concerns.

The service's safeguarding policy was last updated in May 2010. We found this had not been updated to reflect changes made in the 'Berkshire Safeguarding Adults Policy and Procedures' dated 6 October 2016. This meant there was the potential for people to be placed at risk of abuse and improper treatment because staff were not kept to date about national and local safeguarding arrangements.

We recommend the service seek current guidance in relation to following national and local safeguarding arrangements.

Recruitment procedures were in place but these were not always robust. Job application forms did not consistently make provision for prospective candidates to give explanations for gaps in employment. Disclosure and Barring Service (DBS) checks that ensured staff employed were suitable to provide care and support to people were undertaken. We found no evidence in some staff records of written references, completed medical health questionnaires and employment histories. The registered manager informed us they were available but was not able to produce them during or after our visit.

This was a breach of Regulation 19 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

People felt safe living at the service. Comments included, "I do feel very safe. I feel that I am wanted. I have a call bell with me and that makes me feel safe and happy", "I came here about 18 months ago and I feel very safe", "I have a call bell in my bedroom and one in the bathroom and this makes me feel safe. I know that nobody can get at us" and "I have a walker with an alarm attached to it, which makes me feel safe." A relative spoke confidently about their family member being safe in the service and stated they would speak with the registered manager if they had any concerns.

Staff told us they had not had to report any safeguarding concerns; this was confirmed by our review of notifications received by the service. However, they were able to explain the different types of abuse people could experience and describe what signs to look for in regards to potential abuse. The deputy manager stated they had met with staff and carried out case studies, in order to help staff have a better understanding of how to deal with suspected abuse. This was supported by meeting notes dated 6 October 2016.

Risks to people's personal safety had been assessed and plans were in place to minimise identified risks. For instance, two care records showed people were assessed at high risk of falling. Risk management plans were

detailed and clearly showed what staff had to do to reduce or minimise the risks. During our visit there was extensive refurbishment being undertaken. The service had appropriate risk management plans in place to keep people and visitors safe from the risks associated with the building works and other common environmental risks. For instance, maintenance of fire equipment, fire evacuation drills and regular servicing of all equipment. This meant potential risks to people's welfare and safety were minimised or mitigated.

There were sufficient numbers of suitable staff employed to keep people safe and to meet their needs. One person commented, "There are plenty of staff. I counted six today." This was supported by a staff member who commented, "We have between 5 to 6 carers per shift." A review of the staff roster confirmed this. We noted people's dependency levels were regularly updated and reviewed to ensure there were enough staff to meet their care and support need.

People said staff responded promptly when they pressed their call bells; never rushed when care was being delivered and was available when you required them. One person commented, "They (staff) are helpful and not rushed if you need help."

Peoples' medicines were managed and administered safely. We heard various comments such as, "They give me my pills every four hours and I am very happy", "The staff do my medication, so I do not have to worry about it" and "I used to do my own medication up until a month ago. I need more pills for a heart condition, so now they do my medication."

We observed the medicines round and accompanied two senior staff members who were experienced and knowledgeable about the task. A review of both staff's training records showed appropriate medicine competency assessments had been undertaken. These ensured the staff members were aware of the correct procedures to follow when medicines were stored, handled and administered.

A review of medicine administration records (MAR) showed medicines were only administered to people whom they were prescribed to. Both staff members cross checked MAR charts before medicines were administered and signed and dated the MAR charts once the task had been completed. We found the service worked in accordance with the service's medicine policy.

Requires Improvement

Is the service effective?

Our findings

People were cared for by staff who were not appropriately trained. Training records viewed did not accurately correspond with the information the registered manager had submitted to us on the PIR. We found training that the service had deemed essential for staff to undertake were not up to date. For instance, some staff had not had refresher training for Mental Capacity Act 2005 (MCA), Deprivation of Liberty Safeguards (DoLS) and Safeguarding Vulnerable adults since 2014. For instance, when referring to MCA staff told us they had either completed the training 'A long time ago' or had not completed the training at all.

This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

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.

In some people's care plans we viewed it was recorded that they did not have the mental capacity to make decisions about their care and support. We were unable to find evidence of mental capacity assessments being completed on these people. We could not locate the service's MCA and DoLS policy which would have provided staff with guidance on how decisions should be made for these people and how they would be involved. There was no evidence of best interest decisions being made. However, we had observed staff giving people choice. We spoke with the deputy manager who informed us the service did not have one in place. The relevant policy was sent to us by the provider following the inspection. This meant there was a possibility people who lacked capacity to make specific decisions would receive unlawful care as the service did not act in accordance with the MCA and code of practice.

Care records indicated whether relatives or representatives had legal powers of attorney (LPA) to act on behalf of people who did not have capacity to make specific decisions. On further examination we found no evidence of these documents in the care records or in office files. The registered manager informed us they had requested copies of LPAs from people's representatives and were still awaiting their response. They assured us this would be followed up. This meant the service obtained consent from people who did not have legal power to give it.

We recommended the service seek guidance on undertaking mental capacity assessments and obtaining consent from relatives or people's representatives, based upon the Mental Capacity Act 2005.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered manager had submitted DoLS applications appropriately to the local

authority.

People were supported by staff who had supervisions (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. Comments included, "(Name of registered manager) ask if they're any parts of the job we are struggling with. A couple of times when I've had problems my manager has reassured me I am doing the job in the correct way" and "We are supervised every couple of months and one of the senior carers will carry out observations to check we are doing things correctly." This was supported by review of staff records.

People were supported to eat and drink and to maintain a balanced diet. They told us they liked the food and were able to make choices about what they wanted to eat. Comments included, "I choose to have the main meal at lunch time and soup and pudding in the evening. Hot drinks I can have what I want, like now I have put out my Bovril cube", "The food is good and you can have a hot drink anytime you want" and "I am not a meat lover, so if it is beef they will give me something else." An observation of the lunch period showed people had lunch in a relaxed environment and were able to enjoy their lunch at their own pace. The food on offer was nutritious and served hot. We saw there was sufficient staff available to provide support to people if they required it. Several members of staff sat amongst people so that they could socialise and eat together. Staff were heard checking to see if people were happy with their meals and offered to bring alternative meals for people who wanted it. Care records viewed captured people's allergies, dietary needs and food preferences. A relative commented, "They (staff) know he doesn't drink tea but coffee. This ensured the nutritional and hydration needs of people were met.

People were supported to maintain good health and to access healthcare facilities. For instance, where people were at risk of malnutrition, nutritional assessments were conducted and appropriate action taken. We noted these were regularly reviewed. Referrals were made to specialist health care teams and care records documented staff followed their advice and instructions. Multi-disciplinary meetings notes and GP visits notes confirmed people had access to a wide variety of health professionals. This meant people were supported to maintain good health and receive on-going healthcare support.

Good

Is the service caring?

Our findings

People were positive about the caring nature of staff and the environment. Comments included, "It is taking me a little time to settle, as I loved the other home that I was in. But the girls are wonderful"; "I feel that I am wanted. They are lovely girls who work here", ""I have been here for about nine months and it feels comfy, like home from home" and "I chose this place as I used to visit a friend here and it seemed a happy place. I then came for a respite stay and after that when the time came I decided to live here. This is where I wanted to be." A relative told us the service had a 'homely' feel to it.

The atmosphere of the service was calm and relaxed despite the on-going building works. Staff were calm and professional and not rushed during our observation of their work practices. They attentively listened and were actively engaged in conversations with people. People appeared comfortable in their surroundings and family members and friends were observed visiting people without any restrictions.

People were cared for by staff had established good working relationships with them. A relative commented, "They (staff) know my father." Staff spoke confidently about people's care and support needs; family histories; preferences, hobbies and interests. Care records confirmed what staff had told us. This showed staff had a good understanding of people's care needs.

People's dignity was respected by staff. One person commented, "The staff knock on my door before they come in." This was supported by a staff member who commented, "We don't go into people's rooms without knocking." This was further supported by our observations whilst visiting people in their rooms. Staff told us they would ensure doors were closed and curtains were closed when they provided personal care to people. We heard people being addressed by their preferred names. One person commented, "They call me by my Christian name, which I like." This meant people received care from staff who respected them and addressed them in the way they preferred.

People and their relatives were involved in planning their care. We heard comments such as, "My family are involved with my care plan" and "They (staff) have put in his (family member) care plan that he likes to shower and shave." People were encouraged to express their views. An advocate who was an independent volunteer met with people on a regular basis to gather any concerns or opinions. A review of minutes of residents meetings and care records confirmed people were supported to express their views and were actively involved in making decisions about their care.

People could be as independent as they wanted to be. We heard various comments such as, "They help me to be as independent as I can, like I get myself washed and dressed", "The staff have helped me back to being independent and when I go back to my old bedroom it will be easier at night time" and "The staff let me do as much as I can myself and that is what I feel keeps my brain and my body active." Care records gave clear instructions for staff on how to promote people's independence and showed what people could or could not do for themselves. For instance, one person's care record stated a person was very independent and could take care of their own personal care. This ensured people could be as independent as they wanted to be.

People's preferences and choices for their end of life care was clearly recorded, communicated and kept under review. 'Future wishes' captured people's wishes of who to contact in the event of deterioration in their health amongst others; if they wanted a minister of religion to funeral arrangements. Care records also contained documents that clearly evidenced people's preferences in regards to receiving medical treatment to sustain their lives in the event of an emergency. This ensured staff knew how to manage, respect and follow people's choices and wishes for their end of life care as their needs change.

Good

Is the service responsive?

Our findings

Pre-assessments were undertaken to ensure the service could meet people's care and support needs. A relative told us staff had visited the hospital where their family member had been admitted, to assess their needs. Staff had gathered information about various aspects of their family member's life. A review of completed pre-assessments supported what the relative had said. We found they were comprehensive and captured people's personal histories; important relationships; social interests and spiritual and cultural needs. Preferences in respect of daily routines and any particular care or health issues were detailed in order that they could be taken into account in the way care and support was provided.

Care plans reflected the care agreed at the pre-assessment stage. We saw they were centred on people's individual care and support needs. Staff explained how they were able to achieve this. For instance one staff member commented, "We (staff) all know everyone's different and so we approach them in different ways but equally."

Reviews of care meetings enabled people and those who represented them to discuss the care and support delivered and gave them the opportunity to make any necessary changes. Care plans and risk assessments were regularly reviewed for their effectiveness and were kept up to date.

Staff supported people with their religious beliefs. A person commented, "I go to the fellowship every two weeks when they come here and Holy Communion once a month here. I am looking forward to when I can go out to my own church when I feel more confident in the spring. They will come and collect me." This meant the service ensured people's spiritual or religious needs were met.

Handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored. For instance, on day one of our visit a person sustained an injury whilst in our presence. Staff responded promptly and took appropriate action. Later that morning we attended a staff handover meeting. We heard the deputy manager providing staff with detailed information about the incident and instructions on what staff should do when they provided care to the person. These meant changes in people's health were effectively communicated amongst staff in order for people to receive appropriate care and support.

People took part in social activities and were supported to follow their interests. Comments included, ""Yesterday I went down for the sherry morning. It was a lovely treat" and "I can walk in the garden on my own, but if I want to go out across to the park, a carer will come with me." Some people chose not participate in the scheduled activities. We heard comments such as, "I don't do many activities as the staff laugh that I am a part time resident, as my family take me out quite a lot", and "I choose to do none of the activities and they respect that. I like to read and watch the T.V. and think of the past. I feel contented."

There was a wide variety of activities available to people. The activities manager informed us they organised games that helped people with eye and hand coordination. Students from the National Citizen Service (NCS) had been to help or arrange with the new colourful garden. This meant the service ensured people's social

needs were met.

People's concerns and complaints were listened to and addressed. People said they would report any concerns to the manager or to a member of staff. A review of the complaints register showed complaints received were responded to appropriately. We noted the service's complaint's policy did not accurately reflect who people should contact if they wanted to their complaint to be dealt with by external organisations. We fed this back to the registered manager.

Requires Improvement

Is the service well-led?

Our findings

Quality assurances systems in place to monitor and improve the quality and safety of the services provided was not being used effectively. Audits of various aspects of the service was carried out but did not cover staff training and recruitment. For instance, there was no staff matrix in place to enable management to ensure staff's training needs were met or kept up to date. This meant there were no systems to identify which staff had not undertaken essential training and which staff required their training to be refreshed.

Recruitment procedures were not robust as records relating to staff employment did not always include information relevant to potential job candidate's employment. The service had a document called 'The Abbeyfield Volunteering Good Practice Guide' dated September 2012. We reviewed this document and found did not act in according with what was considered best practice in the area of recruitment of volunteers. This meant the service did not consistently have effective systems and processes or use best practice guidance to enable them to identify where quality was being compromised.

Operated systems and processes were not always assessed and monitored against the Health and Social Care Act (Regulated Activities) Regulations 2014. We reviewed the quality monitoring visit that took place on 28 July 2016 and found various aspects of how the service ensured people's welfare and safety was assessed under the previous regulations, the Health and Social Care Act (Regulated Activities) Regulations 2010.

Care records did not always include an accurate record of all decisions taken as they did not always capture what people or their relatives had said during the meetings.

This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

During our visit we observed major structural refurbishment was being undertaken. The registered manager explained a lot of their time had been spent overseeing the work which had commenced some months prior our visit. This meant they had less time to manage the service. However, the deputy manager was able to ensure the welfare and safety of people and provide additional support to staff. We saw the building work did not have an adverse effect on the service as the atmosphere was calm and relaxed and people appeared to be content in their surroundings.

People gave positive feedback about the service. We heard various comments such as, I have met the manager and she is approachable", "The managers pop in to see I and they seem approachable", "The atmosphere is very good and to me that means that the staff are happy and well led." A relative commented, "If I could book my room here I would in the future. I would recommend this home to anyone."

Staff knew what the vision and values of the service and emphasised on promoting people's independence. Comments included, "We respect their (people's) level of independence and only do what people can't do for themselves" and ""Helping residents to still that they want to do in order to maintain their independence." Staff said management were supportive. We heard comments such as, "I can communicate with management, they are flexible" and "I am 100% supported. I go to the (Name of deputy manager) for

practical matters. We don't see much of (Name of registered manager) but she is approachable." Staff knew how to raise concerns about poor work practices and felt confident and able to do this.

The service had a volunteer advocate who represented the views of people in regards to how the service was being delivered. The feedback received from people was presented by the advocate at senior management meetings. We noted actions were taken in response to the feedback received. This meant the service sought feedback from people and acted upon them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurances systems in place to monitor and improve the quality and safety of the services provided failed to identify where quality was being compromised. Care records did not always accurately record discussions held with people's relatives. Regulation 17 (1) (2) (c).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment practices and best practice in to recruitment were not followed. This meant the service did not have appropriate processes for assessing checking potential candidates were competent, skilled and experienced to undertake their job roles. (2)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staff files showed some staff had either not received the service's essential training or refresher training. This meant people received care from staff who were not appropriately trained to effectively carry out their job roles. Regulation 18 (2) (a).