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Wintofts Residential Home

Inspection report

Lendales Lane
Pickering
North Yorkshire
YO18 8ED

Tel: 01751475233

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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 28 January 2015 and was announced. The last inspection took place in January 2014 when the service was found to be meeting the Regulations.

Wintofts Residential Home is registered to provide residential care and support for up to six people with a learning disability. The service is located in a rural area close to a range of community amenities and facilities in Pickering. At the time of our inspection there were two people living there.

A registered manager was in post. 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. The majority of care and support was provided by the registered manager and her husband who lived on site.

Wintofts Residential Home provided good care and support for the people that lived there. People were encouraged to lead fulfilling lives in line with their own preferences and choices. People were involved in making decisions about their care and how the service was run. Care and support plans contained up to date and personalised information about how people wanted their needs met. There were good opportunities for people to discuss any concerns or ideas that they had.

People were supported to have their day to day health needs met. Health services such as dentists, doctors and opticians were used as required and there were close links with other specialist services where required.

Staff were knowledgeable about the needs of each person and how they preferred to live their lives. Staff received training to support them in their roles, although we identified that some staff would benefit from updated training to make sure they were aware current best practice. There were safe recruitment practices in place for staff and there were a sufficient number of staff on duty to meet people's needs.

There were systems in place to keep people safe. Staff were confident about their responsibilities in relation to safeguarding and also knew who they could contact regarding any concerns they had about the service. There was a positive approach to risk taking so that people could be as independent as possible. Risks in peoples' day to day lives had been identified and measures put in place to keep people safe. The focus was on how each person benefited from the activity undertaken.

The staff team were aware of the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). DoLS are safeguards put in place to protect people where their freedom of movement is restricted. Staff had been trained in the MCA and had a good awareness of issues relating to capacity and consent.

The service was well led. The registered manager had been at the service for a long time and knew the people that lived there very well. Staff told us that the service was well managed and that there was good support. The registered manager promoted a culture of respect, involvement and independence. The registered manager had a good oversight of the service to make sure that the quality of care was maintained.

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 told us they felt safe at the service. Staff had a clear understanding of their safeguarding responsibilities.

There were systems in place to protect people from the risks associated with day to day activities and the environment.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Is the service effective?

Good

The service was effective.

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person at the service.

People were supported to consent to decisions about their care, in line with legislation and guidance.

People received the support they needed to stay healthy. People were able to decide what they wanted to eat in line with their preferences.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make their own decisions about care and support. People were encouraged to be independent and were supported to spend time in the way they wanted.

Is the service responsive?

Good

The service was responsive.

People were involved in contributing to how their care and support was provided. Individual preferences were taken into account and people were supported to go out into the local community.

They were good opportunities for people to talk about any concerns or complaints that they had. People told us that they felt listened to and that any issues were acted on.

Is the service well-led?

Good

The service was well-led.

There was effective management of the service and a clear culture which promoted independence, involvement and community participation.

The registered manager had good oversight of the service. Staff told us that management support was available if needed.

Wintofts Residential 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 28 January 2016. Because it is a small service we contacted the registered manager the day before the inspection to check that people would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports and reviewed the Provider Information Record (PIR). The 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.

During this inspection we looked around the premises and spent time with people in communal areas. We looked at records which related to people's individual care. We looked at two people's care planning documentation and other records associated with running a care home. This included one recruitment file, training records, the staff rota, notifications and records of meetings.

We met with both people that used the service. We also observed how people led their lives during the day and the support they were given by staff. During the inspection we spoke with the registered manager and her husband who were the main care staff. After the inspection we spoke with another member of staff and one relative.

Good

Is the service safe?

Our findings

When we asked people about their safety one person told us "I feel safe in the house". A relative also commented that people are "Kept very safe". There were call bells located in bedrooms, the bathroom and lounge which could be used if anyone needed prompt assistance.

Staff had been trained in safeguarding and were confident about acting on any concerns about people's welfare. There was an up to date safeguarding policy in place which had been reviewed in January 2016. There was a book for recording accidents and incidents and this showed no falls had occurred over the last year. The registered manager confirmed this.

Risk assessments were in place which covered areas such as the risk of falls, use of the stairs and use of the fireplace. These were quite brief and were not all dated. However, they gave a summary of the potential risk and included action about what could be done to reduce the risk. The registered manager told us that that there were more comprehensive risk assessments but was unable to locate these. They wrote to us after the inspection to say these had been found and were now added to people's files. However, we have not been able to check this.

One person was finding it increasingly difficult to maintain their mobility and told us "I'm a bit more unsteady on my feet. I have to be careful". We noted that a stair-lift had been installed, however the registered manager told us this person liked to be independent and preferred to walk up the stairs. They had fitted hand rails either side of the stairs to assist with this. This had been done without the advice of an Occupational Therapist and the rails were not at the same height. When we observed the person walking up the stairs it appeared quite unsafe. The support plan for this person made reference to the risk of using the stairs and that they had agreed to ask for assistance whenever they wanted to use them. However, the person often chose to use them on their own without alerting staff.

We spoke with the registered manager about this and suggested it would be beneficial to have an Occupational Therapist carry out an assessment. The registered manager arranged this shortly after the inspection. We were also subsequently informed by the part time member of staff that the person had now agreed to use the stair-lift under observation and had an alarm to alert staff. The staff member added "I have no issues about safety".

There were checks in place to make sure that the building was safe. These included an up to date fire risk assessment as well as a recent fire system inspection. There were also weekly fire alarm checks to make sure the system was operating correctly. Water temperatures were checked regularly to prevent scalding. We also saw a current electrical wiring certificate and portable appliance test to make sure electrical items could be used safely.

Because there were only two people who lived at Wintofts there was a small staff team in place. The majority of support was provided by the registered manager and her husband who lived on site but in separate accommodation. They spent the majority of day with the people that lived there. A part time member of staff

was also used to take people out two days a week. This was a sufficient number of staff to support people to have their needs met.

The service had not employed any new staff in the last few years and so we were unable to look at any recent recruitment records. However, there was a record of the checks undertaken for the part time member of staff and these included references and proof of identity. Criminal background checks were carried out before staff started work. These checks help employers make safer recruiting decisions and also minimised the risk of unsuitable people working with children and vulnerable adults.

The registered manager took responsibility for administering medicines to people that needed them. They had a good understanding of what each person's medicine was for and why they were taking it. Most medicine was kept in a locked cabinet, however, the registered manager told us she kept hold of one person's eye drops as they were used 'as required', and sometimes frequently. Although this was not best practice, as it was a small, family type service, we did not identify any associated safety concerns. There was a handwritten administration record in place which showed that medicines had been given in line with prescribing instructions. The medicines policy had been reviewed in January 2016 to make sure it was up to date.

The registered manager advised us that they had not completed any recent refresher training in medicine management. However, they wrote to us after the inspection and provided evidence that they attended a suitable medication course shortly after the inspection visit. They also told us that they had spoken to the local pharmacist about providing printed medication administration records.

Good

Is the service effective?

Our findings

The small staff team were very experienced in providing care and support and had a good understanding of each person's needs and how to meet them. The team of staff were all permanent and most had worked at the service for a long time. This meant there was a consistent approach to care and support from a stable staff team who knew people well.

Because of the way the service was structured the registered manager supported staff informally rather than through structured supervision meetings. However, we did see that the part time member of staff received a yearly appraisal to discuss how they were getting on. This was recorded so that it could be reviewed each time.

Staff were supported through training to make sure they had a good understanding of areas of practice such as safeguarding, mental capacity and first aid. The part time member of staff received training through North Yorkshire County Council. We did note however, that the registered manager and her husband would benefit from refresher training in areas such as medicine management and moving and handling. We did not identify any concerns caused by a lack of training as the staff clearly knew people very well and understood how to support them.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment 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.

The registered manager and staff understood their responsibilities under MCA and DoLS procedures. There was evidence of best interest meetings taking place where people were unable to make a decision for themselves. A best interest meeting is a meeting of those who know the person well, such as relatives, or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. Where best interest meetings had taken place there was information in support plans about the decisions made and the reason the person lacked capacity for that decision. For example one person had a Court of Protection decision in place for the local authority to manage their finances. Records showed why this was necessary and how it had been decided that the person lacked capacity to decide for themselves. An advocate had been involved in this process which ensured that the person had someone speaking up on their behalf.

There was good information about mental capacity and decision making in people's support plans. This was written positively and focussed on people's abilities rather than what they could not do. For example, in one person's records it was noted "[Name] does not like anyone telling them what to do. [Name] likes to plan their own lifestyle".

People were supported to maintain good health. Support plans gave details about health needs and how these were to be met. There was a yearly 'health check' with a doctor to monitor health and well-being. People's weight was recorded monthly and this showed that their weight was steady over the last year. Records showed there were good links with health professionals to support people when needed. These included the learning disability team, dentist and optician. People were supported to have the treatment they preferred. For example, one person requested laser eye surgery a year ago to improve their eyesight and we were told by the registered manager that this had been successful.

People were provided with sufficient amounts of food and drink. One person liked to have plenty of fresh fruit and we saw that this was readily available. The registered manager explained that they did most of the cooking and used fresh ingredients. We did not observe a hot meal being provided as people preferred a sandwich in the day and a main meal in the evening. The record of meals and menu showed that a range of home cooked food was provided. People agreed on a menu for the week and liked to help with the weekly shopping. Support plans contained useful information about how people preferred to eat meals. For example one person liked to wait for others to finish first before starting on their meal.

Good

Is the service caring?

Our findings

People were supported by caring and attentive staff.

We were unable to get much feedback from people about the service so we spent time observing care practices and people's daily routines. The two people that used the service had lived there for many years and it was clear they were comfortable and relaxed in the environment. We saw that in a meeting with the registered manager in January 2106, one person, when asked if they liked living at the service, responded "Yes, I don't want to leave".

Throughout the inspection we observed the registered manager and her husband spoke with people in a friendly manner, listened to what was being said and responded in a way that was understood. The impression given was of a service that was centred around the people that lived there and what they wanted to do.

One relative told us that they were "Extremely satisfied" with the service. They explained, "People are treated as family. Communication is good. I visit regularly but don't need to go every week as I know [Name] is fine. They are both happy there. [Name] has made her own world out of it. After the inspection a part-time member of staff told us "People are well looked after. When I see them they are all fine. They seem very well settled and perfectly happy. They are able to do their own thing".

The service was warm, cosy and comfortably furnished., We observed that people treated the place like a real home, relaxing in a favourite chair, chatting, or enjoying a pastime such as knitting. There was a warm familiarity between staff and the people that lived there.

Throughout the inspection we observed that people were treated with dignity and respect by the staff on duty. There was a clear policy on promoting dignity, choice, fulfilment, rights and independence. The registered manager demonstrated a clear commitment to upholding this saying "There are no rules here. People do what they want". This was confirmed by a relative who told us "[Name] can do as she pleases".

We noted that a monitor was used in people's bedroom at night time and we asked the registered manager how this affected people's right to privacy. They explained that people were aware that the monitor was in place in case of a problem at night time and that they were able to turn it off at any time. One person demonstrated how they did this.

Discussions had taken place to consider people's wishes in the event of their death. Support plans showed that this had been talked about with people and there was a nicely written record of their preferences. This included thoughts on the sort of music they would like played at a funeral as well as the location. Records were signed by the person to show they agreed with what had been written. This can be a difficult topic to address with people and it was clear it had been managed with sensitivity and respect.

Good

Is the service responsive?

Our findings

People received person centred care which was responsive to their needs. Care and support plans focussed on individual preferences. They provided good information about people's background, character, interests and wishes. Information was written in a positive way and focussed on people's strengths, giving a clear sense of their identity.

Support plans were up to date which meant they reflected people's current needs and how they were to be met. Relatives, advocates and professionals had been asked to contribute to reviews where appropriate. People's progress had been discussed and actions agreed to meet new goals or support with any issues. As well as yearly reviews, people met the registered manager on a daily basis which meant any change in needs could be identified promptly and appropriate action taken. This showed that the service was responsive to people's changing needs.

Support plans contained good information about preferences and approaches for helping with individual needs. For example there was a section which explained what each person could do well, how they liked to live and the support needed to do this. There was detailed information about personal care needs. This gave a clear picture of what people could do for themselves and how they preferred to be supported where they needed assistance.

People were involved as much as possible in deciding how their care was provided. In particular, one person's support plan stated that they liked to arrange a meeting to discuss what they wanted to do. The registered manager confirmed this and we saw evidence that meetings were arranged as and when the person wanted. A relative told us that they were contacted when necessary and that communication with the service was "Good".

People were able to do what they wanted during the day. The registered manager told us that people also liked to get out into the local area and the service had a car for this purpose. There were frequent trips out to local towns, which included shopping or sightseeing. One member of staff commented "We try to get out as much as possible" and this was confirmed by a relative who told us "They get out and about a lot. I have to ring up and check they are in!".

A record of complaints and compliments received was held in the office. This showed that no complaints had been recorded over the last year. The complaints procedure included details of the CQC, local authority contacts and the Local Government Ombudsman. There were clear details about how complaints should be managed and responded to. We asked the registered manager how people were supported to complain as they may not understand the procedure. They told us that they knew people very well and explained how they identified if people were unhappy about something. For example, one person would speak to the registered manager directly, whilst the other person would become quiet and would refuse to do anything they didn't want to. The registered manager said "We pick up on this" and will then explore what the problem was.

Good

Is the service well-led?

Our findings

The registered manager was also registered as the provider for the organisation. They had been in post for over twelve years and knew the people who lived there very well. The registered manager spoke knowledgeably about the service and had a good understanding of the requirements of the Health and Social Care Act Regulations. The registered manager explained that they kept up to date with best practice and legislative requirements through the internet, including the CQC website.

We received positive feedback about the registered manager. A member of staff commented "I have a good relationship with the owners. We get on well" and a relative told us "[The registered manager] follows all the regulations and goes by the book. She is thorough. [The registered manager] is very conscientious and looks after them so well".

The registered manager demonstrated a clear commitment to support people to be independent and to live fulfilling lives. They said "I don't believe we should take away people's skills just because there is a risk" and explained that it was important to give people opportunities to get out, rather than sit at home because it was the safer thing to do. There was a clear values policy in place which as well as promoting dignity and care, highlighted that "Resident feelings must always be considered" and "Residents are not to be made to do anything against their wishes". This demonstrated how people were placed at the forefront of the care provided.

Staff and people who used the service were given opportunities to be involved in how the organisation developed. A formal questionnaire was sent out every 6 months to get people's views and the registered manager met with people informally nearly every day. We noted that because people had lived at the service a long time and were getting older, there was a sense of contentment with the service rather than a desire to make any changes.

There were no formal audits of the service, in part because it was small, but also because the registered manager lived on site and had clear oversight of practices on a daily basis. Records were kept up to date and stored appropriately.