

Cedars Care (Winscombe Hall) Limited

Winscombe Hall

Inspection report

Winscombe Hall Care Centre
Winscombe Hill
Winscombe
Somerset
BS25 1DH

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Winscombe Hall is a nursing home providing personal and nursing care to up to 39 people. The service provides support to older people and those who are living with dementia. At the time of our inspection there were 29 people using the service.

Winscombe Hall is located in a large listed building in a rural area. Accommodation is provided in two wings, 'The Hall' and 'The Stables'. The Stables specialises in providing care to people living with dementia.

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

People appeared relaxed and comfortable living at Winscombe Hall and they received safe care and support from staff who knew them well. Information was recorded and shared appropriately to enable staff to help people get the support they required.

People were involved in decisions about their care and received care which promoted their dignity. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were kept safe from avoidable harm because staff were trained and the service assessed, monitored and managed the risks associated with people's care. The living environment and equipment were regularly checked to reduce and manage risks.

Medicines and infection control were both managed safely. The team worked with other health and social care services to promote good outcomes for people and keep them safe.

People and their relatives spoke positively about the service and staff team. The numbers and skills of staff matched the needs of people using the service. Staff were safely recruited and received supervision and training to ensure they were skilled, and people were kept safe.

There had been changes in the management and staff teams recently, but we received positive feedback about this and there was evidence of service development and improvement. The manager and senior team worked directly with people and led by example to ensure there was a positive culture at the service.

Effective governance processes were in place and the quality and safety of the service was well monitored. A range of audits were carried out regularly, and action plans were in place and checked to ensure improvements were achieved.

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

Rating at last inspection

The last rating for this service was good (published 21 June 2018).

Why we inspected

We received concerns in relation to staffing and management, medicines management, continence care and standards of hygiene. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Winscombe Hall

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Winscombe Hall is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Winscombe Hall is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

At the time of our inspection there was not a registered manager in post. A new manager had been in post for three months and planned to apply to register following their period of probation.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke briefly with 7 people living at the service. We also spent time observing people in the communal areas of the home to help us understand their experiences. We spoke with 6 members of staff, including the manager. We received feedback from 4 relatives of people who lived at the service. The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included 4 people's care records and medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance checks and health and safety documents.

We considered this information to help us to make a judgement about the service.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People looked relaxed and comfortable with the staff who supported them. They told us they felt safe living at Winscombe Hall. One person said, "Yes, [staff] are all very kind".
- Relatives told us they felt confident their family members were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- Staff received training about how to recognise and respond to safeguarding concerns. The staff we asked knew what actions they should take to keep people safe. One staff member said, "We would always act to keep people safe. I would always tell a manager, and I would keep going up the line if there was no action".
- Incidents and concerns were reported to the appropriate authorities. Records showed action was taken where necessary and lessons learned. The manager understood their responsibility to keep people safe and worked with other professionals to manage and reduce risk.

Assessing risk, safety monitoring and management

- People were protected from the risk of harm because the service assessed, monitored and managed the risks associated with their care.
- Care records contained risk assessments which had been recently reviewed. This included risks associated with people's mobility, nutrition and hydration, health and continence needs. Relatives gave positive feedback about the recent in-depth review of their family member's care records.
- Staff demonstrated a good understanding of risks and how to help keep people safe. For example, where a person's skin integrity was at risk, assessments had been carried out, and creative solutions found to support the person's health, wellbeing and dignity.
- Staff had been trained in moving and handling and we saw people being assisted to move safely using specialist equipment.
- Regular checks and monitoring were in place to ensure environmental risks were assessed and safety maintained. Records showed the buildings and equipment were regularly monitored and servicing and repairs carried out as required.
- Systems were in place to ensure people were protected from the risk of fire. This included internal checks and comprehensive assessment by an external company. The manager was proactively seeking advice to manage fire risks.
- Each person had a personal evacuation plan which detailed the support they would need in the event of an emergency.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible,

people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- Assessments of people's capacity was carried out, and efforts made to ensure decisions were in the individual's best interest. The manager had recently started reviewing capacity paperwork to ensure it was sufficiently detailed.
- Staff received training in the principles of the MCA and understood the importance of ensuring people's rights were respected. We heard staff asking people for their consent before assisting them and offering choices about what individuals wanted to do or where they wished to go.
- The manager had oversight of DoLS authorisations and monitored these to ensure they remained up to date and relevant for the person.

Staffing and recruitment

- Concerns about staffing levels, skills and experience had been brought to our attention before the inspection.
- We looked at the staffing dependency tool and rotas, observed staff and spoke with people, relatives and staff. We found people were supported by sufficient staff to meet their needs.
- The manager monitored staffing levels and altered these as and when people's needs changed. The manager had worked several shifts to ensure they understood the challenges staff faced.
- One relative told us, "There does seem to have been a bit of a turnover of staff, but there's a core group and they know [relative's name] well".
- The staff we spoke with felt there were usually enough staff on each shift. One staff member said, "It's usually ok, especially in the afternoons, we have a bit more time then".
- People did not have to wait long when they required help, and staff had time to speak with people and engage in brief activities such as nail care.
- There was a wide range of skills and experience in the staff team. This helped to provide effective care, clinical leadership and support.
- Staff were recruited safely by the provider, and all relevant checks were carried out before new staff started working at the service. This included criminal record and employment checks to confirm staff were suitable to care for people.

Using medicines safely

- Concerns had been brought to our attention about the administration and management of medicines.
- We reviewed policies and procedures, observed practice and spoke with staff. We found medicines were managed safely and in line with national guidance.
- Staff and the manager agreed the medicines round could take a long time, but procedures had been reviewed and changes were underway to improve this. People received their medicines when they needed them and were not placed at risk of harm.
- Only registered nurses administered medicines, and they were trained and competent to carry out the task.
- Information such as allergies, medical alerts and preferred ways of taking medicines was available to staff.
- Medicine records were completed accurately, and any errors were documented, investigated and learning

shared. A check of medicine stocks against records showed these were accurate.

- Medicines were securely stored in line with manufacturer's guidelines and current best practice.
- Some people were prescribed medicines 'as required'. Protocols were in place to ensure staff were consistent about how best to support people before giving them additional medicines.
- Medicines were regularly audited to ensure good practice, and an external pharmacist had carried out an audit the day before our inspection. No significant concerns were identified.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. We had received concerns about the cleanliness of the service. We could access all areas of the home and found the premises to be clean, tidy and free of odours.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Visiting to the service was unrestricted and people were welcome at the service at any time. This was in line with government guidance at the time.

Learning lessons when things go wrong

- The management team analysed the findings from incidents, audits, complaints and concerns to identify improvements and learn lessons.
- Incidents and accidents were reported and investigated in a timely manner to keep people safe.
- Professional advice was sought if necessary, and changes were made to prevent recurrence. Learning and actions were shared with the team.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

- People and their relatives spoke positively about the service and staff team. Comments included, "The girls are lovely", "The care is good" and "The staff seem caring. [Name] has a keyworker who knows them really well".
- The provider's philosophy focused on 'taking good care' and we saw this reflected in the behaviour and actions of staff during our visit.
- Staff told us they worked well as a team and were committed to providing high quality care which met people's individual needs. One staff member told us, "We definitely provide personalised care. We help each other out to make sure we can do our best".
- There had been changes in management and the staff team in the past few months. The new manager promoted a positive culture and continued to review the service to identify ongoing improvements. For example, medicines procedures were being reviewed and the manager had spent substantial periods of time with families checking care plans in detail.
- The manager told us they had an open-door policy and encouraged staff, people and relatives to share their views, concerns and feedback. The manager was visible at the service and had spent time getting to know people, relatives and staff since they joined the service.
- The feedback we received indicated relatives found the manager to be approachable and responsive. Comments included, "She seems excellent" and "I really quite like her. She's easier to deal with, quick to respond and listens. She's more critical, that's good". One relative felt communication had not yet improved as much as they hoped with the new manager.

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

- The registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service. They apologised to people and their relatives when things went wrong.
- Relatives told us they were kept up to date and informed when there were changes or incidents which affected their family member. They said this had not been so effective during the recent pandemic. One relative said, "It's better now because I know things are being done".

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

- Concerns about the management of the service had been brought to our attention before the inspection. We spoke with people, relatives and staff and looked at recent documentation.
- We found the manager to open, transparent and passionate about the service. They had only been in post for around 3 months but had developed an action plan and begun making changes and improvements. They understood their role and worked with the wider team to meet regulatory requirements.
- Staff were positive about the new manager and told us the management team were supportive and approachable. Comments included, "There have been changes with [new manager]. It's a nice atmosphere. I feel listened to".
- There was a clear management structure and lines of accountability. Nurses and care staff understood what was expected of them. Any underperformance was addressed in line with guidance and policy. Staff training, skills and competence were regularly monitored through supervisions, appraisals and refresher training. Plans were in place to ensure these were all brought up to date.
- There was a commitment to drive improvement and provide high quality, person-centred care.
- Effective governance processes were in place and the quality and safety of the service was monitored. A range of audits were carried out regularly, and action plans were in place and reviewed to ensure improvements were achieved.

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

- We saw staff listening to people, offering choice and giving them time to respond.
- People were supported to express their views about the care and support they received on a daily basis. Feedback was positive and people told us, "They're very kind" and "I'm very happy here".
- Relatives told us they had begun getting to know the new manager and felt positive about recent changes. One relative said, "I'm much happier now. [Manager name] is off to a good start".
- There were regular staff meetings and all staff received supervision. This provided opportunities for feedback and encouraged engagement and development.
- People's protected characteristics such as religion and associated preferences were discussed with them and recorded in their care plan.
- Links were being improved with the local community, such as the church, to ensure people's needs and preferences were met.

Continuous learning and improving care

- The manager was keen to continue improving and developing the service. Action was taken to change practice where necessary, and this was clearly communicated to the team. When improvements were shared electronically with staff, the manager also sent the associated policy to enhance staff knowledge and provide additional guidance.
- Staff were positive about recent changes and were committed to providing high quality care.
- Incident reports and complaints were reviewed by the management team, and the information was analysed and used to learn and make changes.
- The service had received several compliments about the care provided to people. One family said they were, "Ecstatic about the empathy and compassion shown to my [relative] in their short time at Winscombe Hall. I cannot praise them enough".

Working in partnership with others

- The team worked with other health and social care services to promote good outcomes for people. Staff made referrals to services such as mental health specialists, dietician, chiropodist and GP surgery for advice and support and to improve people's health and wellbeing.
- An external pharmacist had recently carried out a detailed audit of medicines management at the service.

