

Care South

Wickmeads

Inspection report

Wickmeads Road
Bournemouth
Dorset
BH6 4LG

Website: www.care-south.co.uk

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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

About the service:

Wickmeads is a care home without nursing registered to provide accommodation and personal care for up to 50 people. At the time of our inspection 41 people were living there.

People's experience of using this service:

People told us they felt safe. They were relaxed and familiar with the staff and each other. People were cared for by a staff team who had received appropriate training to carry out their roles. Staff spoke knowledgeably about the systems in place to safeguard people from abuse.

People's medicines were managed safely, stored securely and administered by trained staff. People received assistance to take their medicines as prescribed. We have made a recommendation around the management and recording of people's medicines and prescribed topical creams.

The service was working within the principles of the Mental Capacity Act 2005. People were supported to have maximum choice and control over 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. However, we have made a recommendation regarding the management of people's Deprivation of Liberty Safeguards conditions.

Risks to people's health, safety and well-being were regularly assessed, reviewed and updated.

The provider had robust recruitment systems to ensure staff were safely recruited. Staff received regular supervision and annual appraisals to ensure they were fully supported in their role. There was an effective training programme that staff felt was interesting and well delivered.

Staff felt well supported in their roles and found the management team open, honest and approachable.

People's health care needs were met, and staff supported them to see healthcare professionals when appropriate.

People's dietary needs and preferences were assessed and where needed, people received support to eat and drink. This was provided in a discreet and friendly way. The dining rooms were attractively laid out to ensure people could have an enjoyable meal time experience.

People received care from staff that knew them well and treated them with kindness, compassion, respect and dignity. People's care was tailored to their individual needs and maintained their independence as much as possible. Care plans were detailed, person centred and reviewed regularly to ensure they reflected people's needs.

The service had an activity programme for people to enjoy if they wished. Activities included outings to places of interest, and towns as well as indoor activities. People had one-to-one support to take part in activities to prevent social isolation.

People and their relatives knew how to complain and were confident their views would be heard.

There was a system of ongoing monitoring through audits and spot checks to review the quality of the service provided.

People, relatives, staff and health professionals expressed confidence in the management team and felt the service had a clear management structure and an open and supportive culture.

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 (report published in August 2017).

Why we inspected:

This was a planned inspection based on the rating from the last inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good ●

Wickmeads

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

On the first day of the inspection, the inspection was carried out by one CQC inspector, a specialist nurse advisor 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. On the second day of the inspection, one CQC inspector and an assistant CQC inspector carried out the inspection.

Service and service type

Wickmeads is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. This service did not provide nursing care.

The service had a manager that was in the process of registering with the Care Quality Commission. This means that once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information we held about the service and reviewed the provider information return the provider had completed. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information about incidents the provider had notified us of. We also looked at the notifications we had received for this service. Notifications are

information about important events the service is required to send us by law. We used all this information to plan our inspection.

During the inspection

We spoke with 15 people who used the service, four visiting relatives, a health professional, and a visiting GP, to ask about their experience of the care provided. We also spoke with fifteen members of staff which included the acting manager, the operations manager, the deputy manager, care team leaders and care staff, activity staff, housekeeping staff and the assistant Chef. During our inspection we observed care practices and the interaction between staff and people.

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

We reviewed a range of records that included five people's support and care plans, daily monitoring charts and medicines records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, staff recruitment records, staff supervision and training records, premises maintenance records, accident and incident records, meeting minutes, quality assurance records and a range of the provider's audits, policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to take their medicines as prescribed and in ways that they preferred.
- Other than topical creams, medicines were safely obtained, stored, recorded, administered and disposed of.
- We identified shortfalls in the recording and management of four people's topical creams. Topical cream records did not always correctly reflect the cream that had been prescribed. One person's medicine had not had an opened date recorded which meant there would be a risk staff may administer the medicine when it had expired and would no longer be effective.
- Although regular medicine management audits were completed, these had not identified the particular shortfalls we found during our inspection. We discussed our findings with the acting manager and corrective action was taken immediately. The acting manager told us they would ensure the medicine audit would be reviewed and re written to ensure it would capture any future shortfalls, such as we had identified.

We recommend the provider consider current best practice guidance on the administration of prescribed topical creams and medicines in a residential care home setting and take action to update their practice accordingly.

- Monitoring systems were in place for medicines that required cool storage and records showed stock levels of medicines were correct.
- Where people were prescribed medicines that they only needed to take occasionally, there was guidance for staff to follow to ensure those medicines were administered safely.
- Staff received medicine training and had their competency checked annually to ensure they were safe and competent to administer medicines to people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Wickmeads. One person told us, "I feel safe here. I like the girls; they are all very nice to me". Another person told us, "I only came in here recently but I like it so far and I do feel safe."
- Staff had received safeguarding training and knew how to recognise signs of abuse. They were clear about their responsibilities for making people safe and reporting concerns.
- There was a safeguarding and whistleblowing policy in place which gave staff clear guidance to follow if they needed to refer any concerns to the local authority.

Assessing risk, safety monitoring and management

- Risks for people were individually assessed and managed. Risk assessment and management plans were detailed, personalised and guided staff to support people safely whilst still maintaining their independence.
- Emergency plans were in place to ensure people received the support they needed in the event of a fire or other emergency incident.
- Hazardous substances were kept secure when not in use. There were systems in place to ensure all equipment was regularly checked, serviced and well maintained to ensure the safety of the service and premises.
- Regular water systems checks were completed to reduce the risk of legionella. Risk assessments showed the home was free from legionella. Legionella are water borne bacteria that can be harmful to people's health.

Staffing and recruitment

- Staff were recruited safely. Robust procedures were in place to ensure the required checks were carried out on staff before they commenced their employment. This ensured staff were suitable to work with people in a care setting.
- People and staff we spoke with told us there were enough staff available on each shift to ensure people were cared for safely and effectively. One member of staff told us, "You always want more staff but yes, we do have enough."
- Staff rotas correctly reflected the levels of staff on duty during our inspection visit. People were supported by a staff team who knew them well. One person told us, "The staff are really lovely here and look after me. When I ring my bell someone usually comes quickly."
- Agency staff were used to cover unforeseen staff absences such as sickness. The acting manager told us, wherever possible, the same agency staff were used to ensure consistent care for people.

Preventing and controlling infection

- Measures were in place to prevent and control infection. Staff had received training and had access to personal protective equipment and wore it appropriately.
- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- The home was clean and free from odours. Cleaning schedules were in place and formed part of the daily and weekly duties for staff.

Learning lessons when things go wrong

- There was a clear and detailed procedure in place for reporting and recording accidents and incidents. Falls assessment records were completed and a post fall observation log completed for 24 hours to monitor people's health after an accident or incident.
- The deputy manager reviewed and analysed information to identify trends and themes with-in the home. Appropriate actions were taken to help reduce future recurrences and professional input was sought as appropriate.
- Lessons learned discussions and reflection took place with staff and were shared at meetings to ensure learning from events and prevent re-occurrence where possible.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA, how to implement this and how to support best interest decision making.
- Where there were restrictions on people's liberty, applications had been made and were being processed by the local authority.
- Two people had conditions included on their DoLS. One of these people had three elements to their condition and one element had not been fully recorded in their care plan. We discussed our findings with the acting manager who ensured corrective action was taken immediately.

We recommend any conditions relating to people's DoLS are adhered to, actions clearly recorded and acted upon.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Comprehensive assessments were carried out before people moved into the home. This was to make sure the service was suitable for them and their care needs could be met. People and their families were asked about their lives, what was important to them and how they wanted to receive care.
- Assessment and screening tools were regularly used and reviewed to monitor whether people continued to receive effective care.
- Assessments were unique to each person and contained personalised information and guidance such as their cultural, religious and lifestyle choices that reflected people's preferences and wishes.

Staff support: induction, training, skills and experience

- Staff received a detailed induction into the service when they started working at the home and newly recruited staff completed 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.
- Staff told us they enjoyed the training which was well delivered and effective. One member of staff told us, "They are very good at training and are supportive if you want to progress." Another member of staff said, "I do some training on line, but moving and handling training is done here on site in a small group, with the Care South trainer. It's great here, it all makes sense and if I don't understand I go back and check and ask them, it's all fine."
- There was a robust system of regular supervision and annual appraisals which staff found helpful and supportive. Supervisions and appraisals allowed staff to reflect on their roles and encouraged and supported them in their development and learning. One member of staff told us, "I've just had my supervision, we have them quite regularly about every three months. If I have any problems at all I go to my team leader, they are brilliant, I'm well supported." Another member of staff said, "We have regular heart to heart where you can talk about how you are feeling and ask for support, but you don't need to wait for them, you can ask at any time or tell them how you are feeling... I do feel listened to. "

Supporting people to eat and drink enough to maintain a balanced diet

- People received a healthy and nutritious diet. We received mixed views regarding the meals. Comments from people included, "The food is plentiful but the quality not good for what we pay" and, "The main issue is the food it varies from cook to cook." Positive comments included, "I have been here a year and it's very nice here. The food is good in fact I've put on weight, I have no complaints here." And "The food is very nice I think. Some moan but you can't please everyone can you?"
- The acting manager told us they were implementing a residents committee and the meals and menus would be one of the first topics on their agenda, to enable people to feel involved and have their say in important aspects within the home.
- Staff supported and encouraged people kindly, discreetly and provided assistance promptly when it was needed.
- Meal times were a social occasion. The dining areas were attractively laid out and people could be seated with friends if they wished, so they could enjoy their meals together. People who chose to eat in their bedrooms were supported to do so and received their meals at the same time as people in the dining room.
- For people who were at risk of choking, external health professionals had been consulted and their advice and guidance closely followed. For example, some people required a soft food diet or had to have their drinks thickened to ensure they could eat and drink safely.

Supporting people to live healthier lives, access health care services and support; Staff working with other agencies to provide consistent, effective, timely care.

- People were supported to access healthcare. Staff spoke knowledgeably about people's health needs and were pro-active in seeking guidance and support from health professionals. Records showed timely and appropriate referrals were made to a range of healthcare professionals. These included dietitians, occupational therapists, speech and language therapists, opticians, GPs and chiropodists.
- People had hospital and health passports that identified their preferences and health needs should they need to move to another service such as a hospital.

Adapting service, design, decoration to meet people's needs

- People's bedrooms were highly personalised and included items and belongings that were of comfort to them.
- Some people had memory boxes outside their bedroom door which included photographs or items that

were meaningful to them to help them identify their bedroom.

- The home had been designed to help people living with dementia to be as independent as possible. Shared communal areas were bright and free from clutter to ensure people could mobilise effectively throughout the premises.
- The premises had adaptations to accommodate people with restricted mobility. These included lifts, overhead hoists, bath lifts, stand aids, hand rails and grip rails. The acting manager said additional signage was on order to enable people to effectively mobilise independently around the home.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People, relatives and visitors all gave positive views on the staff. They told us staff were friendly, caring and kind. Comments included; "The carers are lovely, they work hard, and they do really seem to care" and, "The staff are very nice indeed here and do their best I think". A relative told us, "[Member of staff] is a lovely girl and seems to like my Mum which is nice. She will go the extra mile if it's needed."
- Throughout our inspection people were comfortable with the staff that supported them, who were friendly, respectful and attentive. A member of staff told us, "I am proud that people who live here are happy, it feels like family, they recognise who we are and it's lovely."
- Staff supported people in a calm, patient and kind way. They responded to requests respectfully and followed them up immediately when they could.
- People's care and support records reflected how people wished their support to be given to meet their cultural and religious beliefs and staff respected their views. Support plans and records reflected the diverse needs of people using the service, including those related to disability, gender, ethnicity, faith and sexual orientation.

Supporting people to express their views and be involved in making decisions about their care

- Some people needed support to make some decisions about their personal care and where they spent the day. Staff understood which decisions people could make independently and respected these.
- Staff knew people well and understood how they preferred their care and support to be given. Staff told us how they encouraged people to make decisions and supported them to choose what they wanted to do with their day. People were offered choices about where they spent their time.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff treated them with dignity and respected their privacy. We observed staff promoting dignity in their interactions with people, speaking respectfully and being attentive to people's wishes.
- Care plans reflected people's preferences and choices and encouraged people's independence. For example, one person's care plan stated, "[Person] likes to apply their own pain-relieving gel themselves but are happy for the senior team to administer all their other medicines."
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had a good understanding of people's individual needs and provided personalised care and support. People's care and support plans were person-centred and included people's life histories, their likes and dislikes, spiritual needs and hobbies. This ensured staff had an understanding of people's lives and what was important to them.
- Care plans and support records were well maintained and regularly reviewed with changes to people's health needs updated as they happened. This ensured people received care and support in a timely way.
- Daily records were maintained and included the support people received, which activities they had taken part in and information about their physical and emotional well-being.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's methods of communication were identified and recorded in their care plans and staff understood the Accessible Information Standard.
- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff knew people very well, what their interests and hobbies were and what things were important to them and what events and they enjoyed.
- People were supported to maintain relationships that were important to them and relatives were encouraged to visit the service and made to feel welcome at any time. A member of staff told us, "We put all our residents first...relatives are always made to feel very welcome, they become part of the family, it's lovely how they are all welcomed."
- We spoke with the lead activities member of staff who discussed the range of activities that people could join in with if they wished. These included singing, visiting music entertainers, arts and crafts sessions, gentle physical activity such as move to music and weekly armchair exercises and quizzes. Activities were provided for people to enrich their lives, keep people active and prevent social isolation.
- The provider had a mini bus which was used to take people out twice a month to places of interest such as, local garden centres, the beach and harbour, mystery tours around the coast and forest and boat trips in

the warmer weather.

- One member of staff told us, "I have spent today going around to people in their bedrooms and talking with them. I do enjoy chatting with them and they seem to enjoy a bit of a chat."
- For people that preferred to spend time in their bedrooms, staff spent time with them supporting them to enjoy activities they liked such as reading, nail painting, reminiscing and arts and crafts.

Improving care quality in response to complaints or concerns

- People told us they felt comfortable to raise concerns and knew the process of how to complain. People were happy to raise any issues they may have straight away. This meant issues could be addressed as they arose.
- A relative told us, "We have had some complaints in the past, but I feel more confident in the new manager. I think they'll change things for the better." Another relative said, "We have got a new manager and she is very good, I think she'll improve things here...she does spend a lot of time on the floor talking to residents."
- We reviewed a selection of complaints the provider had received. Complaints had been addressed and actioned in accordance with the providers complaint policy.

End of life care and support

- The service was not supporting any person with palliative or end of life care needs at the time of our inspection.
- Staff had received training in end of life care and spoke knowledgeably about how they would ensure people would be treated with respect and dignity and be free from pain at the end of their life.
- Advance care plans were completed which gave staff clear information on people's end of life wishes to ensure these would be followed and respected. If a person was nearing the end of their life, families and friends were fully supported by the service at this time.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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; and 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

- People, friends, visitors and health professionals gave positive feedback regarding the open, supportive and friendly culture at the home. Staff told us they loved working at the home and people enjoyed living there.
- Staff were motivated, felt well supported and spoke positively about the management team. Comments from staff included, "I'm proud of what I've achieved. We are a good team and very supportive", "I feel very supported, I can go to [management team] if I needed any help and head office staff are helpful."
- People received individual, person centred care from a staff team who worked well together as a team for the benefit of people living at the home. One member of staff told us, "We work well as a team, we are always thinking about the residents...I think we do everything well, it takes time for everything to settle after staff changes but we are getting there, we will be fine."
- The acting manager understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm. They fulfilled these obligations, where necessary, through contact with people and their relatives.

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

- The service had gone through a period of change with a change of registered manager at the service and changes in the senior management team at an organisation level. Staff expressed confidence in the management team and felt there was a clear management structure. Staff spoke knowledgeably about their responsibilities. They told us they were happy in their roles, enjoyed their jobs and supporting the people who lived at the home. Staff were confident in the quality of care and support they were able to offer people.
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon. The management team operated an open-door policy and were available if staff needed further guidance or advice. Staff confirmed this was the case and felt comfortable to approach any member of staff for support. The acting manager said, "My door is always open for staff, relatives and residents."
- The provider had a whistleblowing policy and staff knew how to raise concerns if needed.
- Notifications to CQC as required by the regulations had been appropriately made.
- The acting manager told us they had identified problems around record keeping and were implementing a chart champion member of staff to address these shortfalls. This would help ensure

people's support and care records were completed consistently throughout the home.

- Policies and standard operating procedures provided clear guidance for staff. The acting manager told us the provider was in the process of reviewing and amending all their policies.

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

- The management team actively encouraged communication amongst everyone who lived in, worked in, and visited the home. A residents committee was in the process of being formed which would give people a forum to put forward their views and implement action. One person told us, "I am on the food quality committee because the food does need looking at."
- A resident and relative quality assurance questionnaire was due to be sent out in the days following the inspection. The acting manager explained people and relatives were encouraged to speak to staff at any time if they had any concerns or queries.
- Regular resident, relative and staff meetings were held to keep people up to date with changes and developments within the home. Clear minutes were published so people could read what had been discussed if they had been unable to attend the meeting.
- People and staff felt listened to and confident their views and feedback would be acknowledged and acted upon.

Continuous learning and improving care; working in partnership with others

- The acting manager and the staff team had a commitment to learning and making improvements to the service people received.
- A variety of audits were undertaken that included, care plans, infection control, medicines, falls, nutrition and health and safety checks. These audits were used to form the basis of a cycle of continuous improvement within the home.
- The service worked collaboratively with visiting health professional and agencies. Staff told us the support and guidance they had received from health care professionals had made positive impacts on the lives of the people who lived at the home.
- There was evidence that learning from incidents and investigations took place and appropriate changes were implemented.