

# Capstone Care Limited

# Walshaw Hall

## Inspection report

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### Ratings

#### Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires improvement



### Overall summary

We carried out an unannounced comprehensive inspection of this service on 24 March 2015 and found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This resulted in us serving two warning notices and making three requirement actions.

People who used the service and others were not protected against the risks associated with unsafe management of medicines. Service users were deprived of their liberty for the purpose of receiving care or treatment without lawful authority. The systems and processes in place to ensure the service was assessed,

monitored or improved were not sufficiently robust to identify where quality needed to improve. In the process of meeting a service user's nutritional and hydration needs, there was no regard to the service user's well-being. There was also a lack of sufficient hand washing facilities in areas throughout the service.

As a result we undertook an unannounced focussed inspection on 29 July 2015 to follow up on what action had been taken to address the warning notices and requirement actions.

#### Focussed inspection of 29 July 2015.

# Summary of findings

The warning notices stated that the provider and registered manager must be compliant with these regulations by 15 June 2015. The registered manager sent us an action plan in regards to the requirement actions informing us they would be compliant with these by 04 July 2015.

We undertook an inspection on the 29 July 2015 to check that they had met these legal requirements and found that they had met the warning notices and all requirement actions had been complied with.

During this inspection we found the management of medicines was safe.

People's care records contained sufficient information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified and plans were in place to help reduce or eliminate the risk.

We saw there were risk assessments in place for the safety of the premises and suitable arrangements were in place with regards to fire safety.

We found that wooden door wedges were no longer being used in the service and these had been replaced with 'door stops' (heavy material weights). **We further recommend the service considers contacting the local fire authority for advice on this.**

We saw that hazardous substances were stored securely.

People who used the service had their own personal toiletries and hand washing facilities were available in all bedrooms and bathrooms.

The registered manager had made 26 Deprivation of Liberty Safeguards (DoLS) applications to ensure that people who used the service were not restricted unlawfully.

We saw people's dietary needs were catered for. Jugs of water/juice were available in communal areas for people to help themselves to.

People who required support were assisted to eat their meals in a timely and sensitive manner.

People who used the service had eating and drinking care plans in place. We saw people had been referred to a dietician if a risk was identified.

People who used the service told us staff were kind and caring. We saw interactions from care staff that were kind, sensitive and respectful.

Regular audits were undertaken in areas such as medicines, complaints, risk assessments, care plans and infection control.

Some policies and procedures had been reviewed and updated. This process was ongoing.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

We found the service was not always safe.

Risk assessments were in place in relation to hazards within the environment to ensure people who used the service were safe.

Wheelchairs and walking aids were safely stored so they did not create a hazard for people who used the service.

Wooden door wedges were no longer being used in the service but these had been replaced by 'door stops' (heavy material weights). The service had not contacted the fire service for advice as previously recommended by us.

Requires improvement



### Is the service effective?

The service was effective.

We saw that the registered manager had made DoLS applications to ensure people who used the service were not restricted unlawfully.

We saw people's dietary needs were catered for and people who required supported to eat their meals received this in a timely and sensitive manner.

Good



### Is the service caring?

The service was caring.

People who used the service told us staff were kind and caring.

We observed interactions from care staff that were kind, sensitive and respectful.

Good



### Is the service responsive?

The service was responsive.

We saw care plans were in place that contained sufficient information to show how people were to be cared for and the support they required.

Care records were regularly reviewed to ensure changes were reflected in care plans.

Good



### Is the service well-led?

The service was not always well-led.

Regular quality assurance audits were undertaken throughout the service in order to monitor the quality of the service provided.

We found that the service had reviewed and updated a number of policies. The registered manager informed us they were working through the entire policies and procedure in alphabetical order to review and update all of them.

Requires improvement



# Summary of findings

We found that improvements had been made to the quality assurance processes in the service. However these needed to be sustained over a period of time to demonstrate consistency and continued improvement in the quality of the service provided.

# Walshaw Hall

## 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.

The inspection took place on 29 July 2015 and was unannounced. The inspection was carried out to review the actions the provider and the registered manager had taken to meet the warning notices and requirement actions we had served following our comprehensive inspection on 24 March 2015. We did not request the service complete a provider information return (PIR) as they had submitted an action plan to us detailing how and when they would meet the regulations.

Prior to our inspection two relatives wrote to us to give us feedback on their experience of Walshaw Hall. Their comments have been reflected within this report.

During the inspection we carried out observations in all public areas of the home and undertook a Short Observational Framework for Inspection (SOFI) during the lunchtime meal period. A SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

The inspection was undertaken by two adult social care inspectors. During our inspection we spoke with four people who used the service, two staff members and the registered manager. We carried out observations in all public areas of the home. We also looked at care records for three people who used the service and six medicine administration records (MARs). We also looked at a range of records relating to how the service was managed; these included quality assurance systems and policies and procedures.

# Is the service safe?

## Our findings

During our inspection of 24 March 2015 we looked at risk assessments the service had in place for people who used the service and for the environment, storage and handling of medicines, and the safety of the premises. We had concerns in these areas that constituted a breach of Regulation 12 (1) and (2) (d)&(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

We looked at infection control measures in the service during our inspection. We had concerns in this area that constituted a breach of Regulation 15 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

We also looked at fire safety and made a recommendation that the service contacted the local fire authority for further advice regarding the use of door wedges.

During our inspection of 29 July 2015 we found improvements had been made and the warning notice and requirement actions had been complied with.

We found risk assessments had been put in place in relation to risks in the environment. These included fire, bathing, moving and handling, visitors and wet floors. All the risk assessments we looked at showed that consideration was given to how people might be harmed, what the service was doing to reduce the risk and any further action that was needed. This should help to ensure that people who used the service, staff members and visitors were protected against any risks within the service.

We saw that wheelchairs used within the service were no longer stored in the library area and the entrance and exit to this room was free from hazards. This meant that people who used the service who had limited mobility were able to freely access this area with their mobility aids.

We looked at fire safety within the service and found that personal emergency evacuation plans (PEEP's) had been put in place for all the people who used the service. These detailed any mobility issues that needed to be considered,

visual impairments, hearing difficulties and general information such as; how long it may take to evacuate the person. This should help to ensure that people are evacuated effectively in an emergency situation.

Records we looked at showed that a fire risk assessment was in place and checks were undertaken regularly on the fire alarm system and the emergency lighting.

We found that wooden door wedges were no longer being used in the service and these had been replaced with 'door stops' (heavy material weights) for the one person that wished to have their doors open. We spoke with the registered manager regarding this as we had previously recommended they contacted the local fire service for advice on door wedges. The registered manager informed us they had not been in contact with the fire service but had purchased 'door stops' (heavy material weights) for those people that wished to have their doors open. This presents a significant risk in the event of a fire situation. **We further recommend the service consider contacting the local fire authority for further advice on this.**

We found the management of medicines was safe. We saw there was a medicine management policy and procedure in place. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) for six people who used the service and found they showed that people were given their medicines as prescribed, ensuring their health and well-being were protected.

We found that medicines, including controlled drugs, were stored securely and only authorised, suitably trained care staff had access to them. Appropriate arrangements were in place to order new medicines and to safely dispose of medicines that were no longer needed.

The hairdresser's room, located within the service was locked on the day of our inspection. We found that padlocks had been placed on the cupboards where hazardous substances were stored and the faulty socket we observed on our last inspection had been fixed.

We saw that people who used the service had their own toiletries and communal toiletries we had seen on our previous inspection had been removed from bathrooms and shower rooms. We also saw that all bedrooms had access to a sink, liquid hand wash and paper towels. This helped to protect people from the risk of cross infection.

# Is the service effective?

## Our findings

During our inspection of 24 March 2015 we had concerns around Deprivation of Liberty Safeguards (DoLS) and the use of restraint and that the appropriate applications for DoLS had not been completed. These concerns constituted a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A warning notice was issued.

We also had concerns regarding meals and fluids. These concerns related to people not being supported in a timely manner to eat their lunch; people were being interrupted when eating to have eye drops administered; vegetables were being served when people had already finished their main dish and juice/water was not readily available for people to help themselves to. These concerns constituted a breach of Regulation 9 (3) (i) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During our inspection of 29 July 2015 we found improvements had been made and the warning notice and requirement action had been complied with.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The registered manager told us and records we looked at showed that 26 DoLS applications had been made since our last inspection. The registered manager had completed all the necessary paperwork and submitted this to the relevant professionals. This ensured that people who used the service were not being unlawfully restricted.

During the lunchtime meal service 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 found the lunch time meal service was a relaxed occasion. Tables were laid with linen napkins, flowers and music was playing on the radio whilst people were chatting amongst themselves. We saw that lunch was a choice of two main dishes and a desert. However, we saw the cook had also made bacon, eggs, mushrooms and beans for one person, an omelette for another person and a vegetarian dish. This showed the service actively catered for people's dietary requirements/wishes.

The cook was serving the meals from a hot trolley onto plates for the care staff to serve to people. We saw that care staff asked people what they would like for their lunch and people were offered more once they had finished. One person who used the service was offered dessert and refused, although requested an alternative. We saw the care staff bring this person what they had requested. We also observed care staff offering people tea, coffee, juice or water throughout their meal.

We observed one care staff who was supporting a person to eat their lunch. We saw interactions that were kind and sensitive. We saw the care staff gave the person time to eat at their own pace, chatted with them throughout and offered a drink regularly.

We spoke with the cook during the lunch time period. They told us they did not have a budget and could purchase what they needed, as long as this was reasonable. They also told us they were always provided with the equipment they needed to undertake their role.

Feedback we received from relatives prior to our inspection included "Families are encouraged to have meals in the dining room with their loved ones and my family, personally, have had many a pleasant Sunday lunch with [relative]".

Care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration. We saw action was taken, such as a referral to the dietician or to their GP, if a risk was identified.

# Is the service caring?

## Our findings

People we spoke with told us the staff were kind and caring. Comments made included; “Yes, it’s ok here, they are all very nice”, “It’s all very good. [Staff] is especially kind and looks after me really well” and “Staff are very good, I am happy”.

One staff member we spoke with told us “I love it here”

Prior to our inspection we received written feedback from two relatives of people who used the service. Comments

we received from them included “My [relative] feels loved, cared for, safe and regards it as her home” and “I have seen nothing but kindness and as I have a very good relationship with quite a few of the residents, they tell me how happy they are and how kind the carers are to them”.

From our observations we saw that people looked clean, well-cared for and appropriately dressed. We observed interactions from care staff that were kind, sensitive and respectful of people who used the service.



# Is the service responsive?

## Our findings

During our inspection of 24 March 2015 we had concerns about the care plans in place for people who used the service. We found these did not contain sufficient information to inform care staff how the person was to be supported; they did not contain personal preferences and were not kept up to date. These concerns constituted a breach of Regulation 17 (2) (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During our inspection of 29 July 2015 we found improvements had been made and the regulation met.

We saw that a new system of care planning was in place. We looked at three care records. They contained sufficient information to show how people were to be supported and cared for. The care records also contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a risk of choking, the need for support with moving and handling or being at risk of developing pressure ulcers. Staff had documented what action they would need to take to reduce or eliminate any identified risks.

The records were also regularly reviewed. A review is when a care record or risk assessment is checked regularly by staff so that any change in a person's needs can be identified and the appropriate action taken where necessary.

# Is the service well-led?

## Our findings

During our inspection of 24 March 2015 we found the quality assurance systems in place within the service were not sufficiently robust to identify areas where improvements were required. We also found that policies and procedures in place had not been reviewed for some time and one policy contained out of date information. The concerns constituted a breach of Regulation 17 (1) and (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. A requirement was made for the service to provide an action plan informing us of when this regulation would be met.

During our inspection of 29 July 2015 we found some improvements had been made.

Written feedback we received from relatives prior to our inspection included “I have found [Manager] to be very knowledgeable, very helpful and most of all caring” and “I am grateful that [relative] and I chose Walshaw and we have never looked back”.

We saw that regular medicine audits (checks) were carried out. Regular audits help to identify any omissions, errors and concerns that may have occurred. This allowed management to make the improvements necessary to ensure medicines were handled safely within the home.

Records we looked at showed that regular audits were undertaken in areas such as compliments and complaints, risk assessments, care plans, wheelchairs, infection control and health and safety. We saw these audits were completed on a monthly basis. This should ensure that any issues arising in the service were identified quickly and rectified helping to ensure the safety of people who used the service.

We looked at the policies and procedures in place within the service. We found that the service had reviewed and updated a number of policies. The registered manager informed us they were working through the entire policies and procedure in alphabetical order to review and update all of them. However this was reportedly taking some time to complete due to the amount in place. In the meantime staff had access to the original policies and procedures.

We found that improvements had been made to the quality assurance processes in the service. However these needed to be sustained over a period of time to demonstrate consistency and continued improvement in the quality of the service provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where legal requirements were not being met and we have taken enforcement action.