

Ripon Stourport Care Limited

The Wharf Care Centre

Inspection report

76 Minster Road
Stourport-on-severn
DY13 8AP

Tel: 01299879056

Date of inspection visit:
25 November 2020

Date of publication:
15 December 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

The Wharf Care Centre is a care home registered to provide personal and nursing care to for up to 67 people. At the time of the inspection the home was providing personal care to 40 people. The home comprises of a newly built three story building. The third floor was not in use at the time of the inspection.

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

People felt safe with staff who knew their needs and understood how to keep them safe. The registered manager understood their responsibilities in relation to safeguarding. Risks to people's health were documented in care plans and were reviewed regularly. Information was shared at the start of every shift to ensure staff had the necessary information about any changes in people's needs. People were supported by a sufficient number of staff and were able to access support promptly. Recruitment processes included checks to ensure potential employees were of suitable character to work at the home. Accidents and incidents at the home were reviewed to identify any trends and people's care was reviewed so that it continued to meet their needs.

People felt involved and central to the planning of their care. When changes were needed, these included people's preferences. People were supported to engage in activities they liked and wanted to participate in. The registered provider had a complaints process to review and respond to complaints. People's end of life wishes were understood by staff and included in their care plans for staff to refer to.

People and staff felt the home was managed well and they were involved in providing feedback to the registered manager to further improve standards. The registered manager understood their responsibilities and felt supported by the registered provider. The registered provider completed regular checks of the quality of care provided.

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 19 September 2019 and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 July 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe,

Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Wharf Care Centre on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Wharf Care Centre

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 Care Act 2014.

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

The inspection was completed by an inspector and an assistant inspector.

Service and service type

The Wharf Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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

This inspection was unannounced.

What we did before the inspection

We sought feedback from the local authority prior to the inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the area manager, registered manager, senior care workers, nurses, care workers and a member of the housekeeping team.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked recruitment processes and a variety of records relating to the management of the service. Policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at newsletters and quality assurance records.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the registered provider had failed to ensure medicines were managed safely and chemicals were stored securely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Sufficient improvements had been made in regard to the safe storage of chemicals and the management of medicines. Therefore, the provider was no longer in breach of regulation 12.

Using medicines safely

- Since the last inspection improvements had been made to staff training and audit processes to ensure the use of medicines was accurately recorded.
- We reviewed Medical Administration Records which detailed people's medicines and guidance for staff to follow when administering medicines. We observed staff practice and how medicines were stored and saw this was in line with best practice.

Assessing risk, safety monitoring and management

- Risks to people's health had been recorded in people's care plans for staff to refer to. Staff were confident in their knowledge of the action to take in order to minimise any risks to their health. For example, staff understood which people were at risk of their skin breaking down
- Information was shared at the start of every shift during the handover to ensure staff had the necessary information about any changes in people's needs.
- We also saw the safe storage of chemicals at the home.

Systems and processes to safeguard people from the risk of abuse

- People felt safe around staff they were familiar with.
- Staff were confident in their knowledge and had received training to understand how to protect and report any concerns about people's safety. Staff felt assured that the registered manager would take the necessary steps to keep people safe. Where appropriate, the registered manager had made the necessary referrals and submitted the required statutory notifications.

Staffing and recruitment

- Staff confirmed they completed all the pre-recruitment checks prior to commencing employment at the home.
- The registered provider had a recruitment process in place to assure themselves the staff they recruited were suitable to work at the home. Checks included a Disclosure and Barring Service (DBS) check and references from previous employers. A DBS check identifies if a person has been convicted or cautioned for

any criminal offences which might mean they are not suitable for their role.

Preventing and controlling infection

The home was clean and odour free. Staff used the appropriate personal protective equipment where appropriate. We saw anti-bacterial hand gel available for people and staff to use throughout the home. Visitors to the home observed guidance in line with national COVID 19 guidelines.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Learning lessons when things go wrong

- The registered manager had reviewed practices so that people benefitted from care that was continually reviewed and updated. Accidents and incidents were recorded and reviewed so that any trends or patterns could be identified and actions put in place to reduce the risk of future incidents. If it was identified that a person required a change in their support this was shared with staff.

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 Requires Improvement. At this inspection this key question has now improved to Good. 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

- People told us they received care that reflected their choices and preferences. A family member we spoke with told us they were involved in a review of their family member's care to ensure it met the person's needs and preferences.
- Where people's needs changed, people's care was re-assessed and updated. For example, when people's care needs had increased, we saw people received additional support.

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.

- Care staff understood people's differing communication needs. Care staff told us they could understand people's needs from working with people. Care staff gave us examples, of how they used people's facial gestures and body language to understand them. When it was appropriate care staff showed people items such as food in order to help them communicate choices.

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

- People were encouraged to participate in a number of activities which helped them to develop friendships and reduced feelings of isolation.
- People were able to pursue their interests and led activities. One person told us they helped run an exercise class having enjoyed taking part in one.
- A family member told us their family member enjoyed the outdoors and regularly sat outside and enjoyed the fresh air.

Improving care quality in response to complaints or concerns

- The registered provider had a process for acknowledging and responding to complaints. We saw complaints had been responded to and learning shared with staff for continual improvement of the service.

End of life care and support

- People were consulted about their end of life wishes and this was documented in care plans.
- There was no one in receipt of end of life care at the time of the inspection.

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 Requires Improvement. At this inspection this key question has now improved 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

- The registered manager told us they had identified morale needed to be improved at the home. They told us they recognised people and staff preferred to have a consistent team to build team spirit and they worked with staff to reduce the use of agency staff. People told us there was an improvement in their experience of care since having more regular staff. Staff told us morale had also improved and this made them more confident in participating in activities to support the person's wellbeing.

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

- Staff understood the providers whistleblowing policy and felt confident to use it if they had concerns.
- The registered provider understood the need to investigate and respond to complaints and when it appropriate they made referrals to other organisations such as the Local Authority or CQC. Complaint logs included information about what actions had been taken to resolve the complaint. Complaints were responded to in line with the providers policy.
- Daily meetings with senior staff ensured the management team understood people's changing needs so that the necessary changes to their care could be made as appropriate.

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

- The Area Manager made regular visits to the home to check the standards of care being delivered.
- The registered providers quality assurance team completed regular audits to identify when improvements were needed. An action plan was created from these audits which the registered manager and staff were responsible for completing.

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

- People, relatives and staff were encouraged to provide feedback about the home and care provided. People told us they wanted to make changes to the menu provided and they had regular meetings with the registered manager to do review this.
- Staff promoted a warm and welcoming environment to ensure people were part of an inclusive environment. Staff understood the importance of recognising people's human rights and recognised the Equality characteristics protected in law.

Continuous learning and improving care; Working in partnership with others

- The registered manager worked closely with the local authority and Clinical Commissioning Group to ensure best practice was incorporated into people's care.