

Wingate Care Homes Ltd

Wingates Residential Home

Inspection report

95 Chorley Road
Westhoughton
Bolton
Lancashire
BL5 3PG

Tel: 01942813840

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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

Wingates Residential Home provides accommodation for 36 people, all in single rooms. The home is situated on a main road in the Westhoughton area of Bolton. It is on a bus route to the town centre, and is close to the motorway network. There is a car park, a garden, and a patio area. On the day of the inspection there were 35 people living at the home permanently and one person on a respite break.

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

A number of audits were undertaken but these were completed inconsistently. We have made a recommendation about how the service implements a consistent programme of audits.

The service had systems to follow to keep people safe and staff had appropriate training. Health and safety checks and required certificates were complete and up to date. The service documented general and individual risk assessments, which were reviewed regularly. The home was clean and fresh and infection control measures were followed. Medicines were managed safely at the service.

Staff were recruited safely and staffing levels were sufficient to meet people's needs. There was an on-going training programme to ensure staff skills remained current.

The environment had been improved with new furnishings, flooring and there was an on-going improvement plan.

Care files included a comprehensive assessment and a range of health and personal information. These were inconsistently completed, which was being addressed by the registered manager. People's oral health needs were addressed.

People's oral health and nutritional needs were assessed and any issues addressed. The dining experience was pleasant, relaxed and friendly. The registered manager was in the process of changing the menus as requested by people who used the service.

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.

Staff were trained in equality and diversity and people told us they were treated well. We saw that people were well presented and were laughing and chatting throughout the day. Staff respected people's dignity and privacy when offering support and care throughout the day.

People told us they were given choices and their preferences were recorded in the care files. People's religious, spiritual and cultural beliefs were documented appropriately and supported by staff at the home.

People's wishes for when they were nearing the end of their lives were recorded within the care files.

Various activities were on offer at the home. Complaints had been addressed appropriately and we saw a number of compliments.

The registered manager was clear about leading by example and working with the staff to help improve delivery of care. Staff members felt the new registered manager was supportive and helpful. Residents' and relatives' meetings were held regularly and were well attended.

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 11 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 remained 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 remained caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service remained responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service remained well-led.

Details are in our well-led findings below.

Good ●

Wingates Residential Home

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.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Wingates Residential Home 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.

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and five relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, two senior carers, a care

assistant and the chef. 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 including care files for four people and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We looked at training records, health and safety records, meeting minutes audits and other records about the management of the home.

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.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. There were up to date safeguarding and whistle blowing policies and staff guidance to help them follow the process.
- Safeguarding training was in place for all staff.
- Any safeguarding concerns were documented and reported as required.

Assessing risk, safety monitoring and management

- Health and safety measures were in place and required certificates were up to date.
- Some water temperatures in a particular part of the home were inconsistent. The thermostatic mixing valves (TMVs) had been adjusted, but needed to be replaced. This was completed immediately following the inspection.
- General and individual risk assessments were in place with guidance on how risks could be minimised.
- Personal emergency evacuation plans (PEEPs) were kept in a 'grab file' near the entrance to the home to ensure people's needs in the event of an emergency could be passed to the emergency services.

Staffing and recruitment

- Staff were recruited safely, with all required checks in place.
- A dependency tool was used to assess each person's level of dependency. Staffing levels were sufficient to meet the needs of the people who used the service and were flexible to take into account people's changing needs.
- A relative told us, "There are always staff around, the staff are very good." A visiting professional said, "They sometimes say they are short of staff but it never seems like that."

Using medicines safely

- Medicines systems were safe, with up to date policies and guidance in place for staff.
- Staff responsible for administering medicines undertook regular training and there was evidence of regular competency checks to help ensure their skills remained current.

Preventing and controlling infection

- All areas of the home were clean and fresh and there were no malodours around the building. A relative we spoke with told us the home was always clean, with no odours.
- Staff had training in infection control and prevention and wore appropriate personal protective equipment (PPE), such as plastic aprons and gloves when providing personal care.
- There had been an external infection control audit which had improved from the previous one and the home had now scored 93% compliance.

Learning lessons when things go wrong

- There was evidence that the service addressed issues identified within their audit process in order to drive improvement to the service delivery.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- At the last inspection we had identified issues with the environment, such as poor lighting, worn bed linen and flooring that needed replacing. These issues had been addressed with new furnishings, flooring and lighting and the environment was much improved. A relative told us the home was very clean and much brighter and lighter since being decorated.
- All the rooms had been personalised with people's own belongings and mementoes.
- The registered manager and provider had an on-going improvement plan and the next part of this was to update all the bathrooms.

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

- Care files included a comprehensive assessment and a range of health and personal information. However, these could have been more consistently completed. The registered manager was in the process of updating the paperwork and was aware of the need to ensure staff consistently recorded information within them.
- The service had introduced a 'resident of the day' programme, where either one or two care files were audited each day to check they were in order. This programme had identified some shortfalls which were being addressed.

Staff support: induction, training, skills and experience

- The induction programme included new staff undertaking the Care Certificate, which is a set of standards that carers are expected to adhere to. However, the in-house induction to the service was very basic. The registered manager agreed that this needed improving and said they would address this in the very near future.
- The training programme was on-going for all staff to help ensure their skills remained current.
- One staff member told us, "There is lots of training done and I enjoy training. I have done safeguarding, Mental Capacity Act and Deprivation of Liberties, dementia awareness and lots of e learning courses."

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

- People's oral health and nutritional needs were addressed. Issues, such as weight loss were addressed with regular weight monitoring and referrals to other services, such as dieticians, when required.
- Food and fluid charts were in place for those who required monitoring. These were adequate but needed to be more detailed to be more accurate about amounts consumed. The registered manager agreed to ensure this was done.

- The home had a food hygiene rating of 5 which is very good. The dining experience was pleasant, relaxed and friendly.
- People had asked for the menu to be more varied and had put forward suggestions for new dishes to be added. The registered manager was in the process of implementing this.

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

- The service worked well with other agencies, such as the local authority quality monitoring team, district nursing service and dieticians. One professional told us, "They refer appropriately and ask for advice."
- The home used the Bolton red bag scheme. The Red Bag contains an individual's care information, medication records and their medication. The aim is to improve the experience of people when they were admitted to hospital and reduce their length of stay by speeding up the discharge process and improving communication between hospitals and nursing homes.

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 authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Throughout the day we heard staff asking for consent to give support and assistance to people
- There were consent forms within care files and these had been signed by the person who used the service or their representative. The registered manager agreed to make clearer why a representative had signed if this was the case.
- DoLS were in place for those who needed them and were reviewed and updated as required.

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

- Staff were trained in equality and diversity and there was an up to date policy. People told us they were treated well and we saw that people were well presented and were laughing and chatting with each other and the staff throughout the day.
- One person told us, "I get along very well with the staff. You could pay a lot more [for a care home] and get a lot less." Relatives commented, "I am always made welcome and refreshments offered on arrival", "[Relative has] been at the home about three years. They are happy in the home but it is not like being in your own home. Staff are lovely" and, "[Relative] is always clean and well presented. Has their hair done and regular showers."
- A visiting professional said, "I like coming here. Whoever opens the door always has a smile on their face. It doesn't matter which member of staff it is they are really helpful. All staff know the residents really well, their likes and dislikes, how they are feeling."

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

- Care files evidenced involvement of people who used the service and their relatives in decisions and reviews about care and support.
- People who used the service had been consulted about the décor of the home, the menus and their choice of activities. This had been done through surveys, residents' meetings and general chat.

Respecting and promoting people's privacy, dignity and independence

- We saw that the staff respected people's dignity and privacy when offering support and care throughout the day.
- A dignity champion had been identified within the staff group and was responsible for promoting dignity and ensuring all staff were up to date with good practice in this area.

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

- Care plans were in the process of being updated to make the clearer.
- People's choices and preferences were recorded within the care plans. People told us they were given choices around food and drink, daily routines, clothes and activities.
- People's religious, spiritual and cultural beliefs were documented appropriately and supported by staff at the home.
- Care plans and risk assessments were regularly reviewed and updated to reflect people's changing needs.

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.

- The service used communication aids such as talking books, communication cards and pictorial menus and could produce written information in various forms as required.
- An informal visit had been arranged for a person to provide an introduction to British Sign Language (BSL) to staff and people who used the service. This would open up another way of communicating 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

- Various activities were on offer at the home, including singalongs, card games, armchair exercises, memory games, pet therapy visits and parachute games.
- In some people's care plans it stated that they liked to help with jobs, such as setting tables. We saw that this was facilitated by the home.
- A potting shed had been purchased for those who enjoyed gardening and had made a positive difference to those people's lives.

Improving care quality in response to complaints or concerns

- Complaints had been addressed appropriately.
- We saw a number of compliments, comments included, 'Thank you for looking after [relative] so kindly'; 'Always reassured by your kind attention and lovely cheerful staff'; and 'Just visited [relative] and she was very happy and laughing. Best care ever we now have a better quality of life knowing [relative] is being looked after 100%.'

End of life care and support

- People's wishes for when they were nearing the end of their lives were recorded within the care files.
- Some staff had undertaken training in end of life care and this was planned for other staff in the future.

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

- Equality and diversity was respected at the service.
- People's preferences were recorded, they felt the service was person-centred and told us they felt respected and valued.

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 current CQC ratings were displayed within the home and on their website.
- Discussions with the manager demonstrated an understanding of duty of candour.
- Notifications with regard to deaths, serious injuries or allegations of abuse were sent to CQC promptly as required.

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

- The registered manager was clear about leading by example and working with the staff to help improve delivery of care.
- Staff members we spoke with felt the new registered manager was supportive and helpful. They reported positive changes in recent months.

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

- The manager had an 'open door' policy for people who used the service, relatives and staff to speak to them at any time.
- There was a notice board with information about upcoming events, a newsletter and a suggestions box within the home.
- Residents and relatives meetings were held regularly and were well attended. Discussions had included changing menus and activities.
- There were regular surveys for people who used the service, relatives and staff. The most recent survey had also identified issues with menus and activities. These issues were being addressed by the registered manager in response to the comments received.
- Comments from the friends and relatives survey read, "On rare occasions I have seen understaffing, at weekends mainly. Generally this is a lovely, clean, homely place with friendly helpful staff", and "I am very

happy with the care and support my [relative] receives at Wingates."

- The staff survey had included the comment, "I feel more appreciated and more involved in the development of the home [since the arrival of the new registered manager."

Continuous learning and improving care

- A number of audits were undertaken regularly, including health and safety, environmental, record audits, medicines audits, weights audits and accidents and incidents.
- The audits were completed inconsistently, some included better and more complete information than others.

We recommend the service implements a consistent programme of audits to ensure all issues identified are recorded as well as actions required and dates of completion.

Working in partnership with others

- The service worked well with other agencies, such as the district nursing service, dieticians, speech and language therapy (SALT) and GPs.
- The service had good links with local schools and churches who visited regularly.
- The registered manager attended meetings with a number of organisations, such as the Bolton Association of Registered Care Homes (BARCH) and was a member of a number of online forums to help keep up to date with good practice.