

Croftwood Care (Cheshire) Limited

Wealstone Residential Care Home

Inspection report

Wealstone Lane
Upton
Chester
Cheshire
CH2 1HB

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21 March 2017

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Tel: 01244377900

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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

The inspection was unannounced and took place on the 21 March 2017. This was the first time the service has been inspected since a new registered provider had taken over the service in November 2016.

The service is registered to provide accommodation for older people, and people living with a physical disability who require personal care. It is registered to accommodate up to 43 people. At the time of the inspection visit there were 32 people using the service.

There was a registered manager in post who had been registered with the CQC since November 2016. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we found that the majority of staff had not recently completed training in supporting people living with dementia. Consideration also needed to be given to how the environment could be adapted to meet the needs of people living with dementia. We have made a recommendation around this to the registered provider.

People commented that they did not think there were enough activities available. One person told us they felt "lonely" at times, and other people told us they wanted to go on more day trips. Activities were taking place on a daily basis, however these were regularly attended by the same, small group of people. Following the inspection the registered manager was able to evidence that people were being consulted on what improvements could be made. We have made a recommendation to the registered provider around activities.

People commented that they found the quality of the food to be variable. This had also been reflected during a resident's meeting carried out in February 2017. We asked that the registered manager and the registered provider to take action with regards to this. Following the inspection the registered manager was able to evidence that people were being consulted on what improvements could be made.

During the inspection visit we observed that people received a diet that was appropriate for their needs, for example diabetic options. Staff were attentive and patient whilst supporting people. This helped protect people from the risk of malnutrition.

People received their medication as prescribed. We identified some minor issues which we raised with the registered manager so she could address these.

Audit systems were in place to identify issues within the service and make improvements. During the inspection we identified some concerns raised by people, and the registered manager took action to

address these concerns. This showed that the registered manager was proactive in ensuring that the quality of the service was being maintained.

We identified that sluice room doors were not locked when we arrived at the service; however these remained secure for the remainder of the day after we raised this with the registered manager. Staff had received training in infection control and we saw examples where they appropriately used personal protective equipment such as disposable gloves and aprons as required. This helped to minimise the risk of infection.

Not all staff had completed training in the MCA. Whilst a majority of people told us that staff offered them choice, and were observed some positive examples around this, two people commented that they sometimes had to remind staff that they were able to make their own decisions. The registered provider confirmed that staff were booked to complete training in the MCA.

People told us that staff were kind, caring and respectful towards them. We observed examples where staff responded to relieve people's distress where they became anxious. It was apparent that positive relationships had developed between the two groups.

Staff had received training in safeguarding vulnerable people and were aware of how to report their concerns to the relevant authority where required. The registered manager was aware of the local authority's safeguarding procedure and adhered to this. This helped protect people from the risk of abuse.

Recruitment processes were safe and the appropriate checks had been carried out to ensure that new staff were of suitable character to work with vulnerable people.

Each person had a care record which outlined their care needs and what staff needed to do to support them. These were personalised and included details around their personal preferences. This ensured that staff had up-to-date and accurate information relating to the support that people required.

The registered provider had a complaints process in place which people were familiar with. People and their family members told us that they would feel comfortable making a complaint, but also commented that they did not have anything to complain about. The registered manager had responded promptly to the one complaint that had been received within the past 12 months.

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.

We identified some minor issues with medicines; however found that people received these as prescribed.

Recruitment processes were robust and ensured that staff were of suitable character to work with vulnerable adults.

Staff were familiar with safeguarding processes and knew how and to whom to report their concerns.

Is the service effective?

Good ●

The service was effective.

Staff had received training in the areas needed to carry out their role. However we identified that they would benefit from further training in supporting people who live with dementia and the MCA.

People told us that they did not always enjoyed the food. However we observed people receiving appropriate support to ensure they were protected from malnutrition.

People were supported to access support from health professionals where required.

Is the service caring?

Good ●

The service was caring.

Positive relationships had been developed between people using the service and staff.

People told us that staff were kind, caring and respectful towards them.

People's confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

Activities were taking place, however not all people joined in these. People commented that they would like more trips out.

People each had a care record in place which accurately outlined their needs and what staff should do to support them.

People and their family members commented that they would feel confident making a complaint if they felt they needed to.

Is the service well-led?

The service was well led.

The registered manager was proactive in responding to concerns identified during the inspection.

Audit systems were in place to monitor the quality of the service being provided.

Meetings were held with staff and people using the service to get their views on how the service could be improved.

The registered provider had notified the CQC of significant events that had occurred within the service as required by law.

Good ●

Wealstone Residential Care Home

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 registered 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 the 21 March 2017 and was unannounced.

The inspection was completed by one adult social care inspector and an expert by experience who had experience of caring for older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to the inspection we contacted the local authority safeguarding team, and quality monitoring team who did not raise any concerns about the service. We also reviewed notifications on our system relating to the service.

During the inspection we spoke with five people who used the service and four family members. We spoke with three members of staff, the registered manager and the area manager. We also spoke with two visiting health professionals. We looked at the care records for four people, and the recruitment records for three members of staff. We made observations on the interior and exterior of the premises. We also looked at other records relating to the day-to-day running of the service, for example audits and meeting minutes.

Is the service safe?

Our findings

People we spoke with all commented that they felt safe. One person commented, "I have lived here for 11 years and I feel safe, everyone is very good to me." People presented as relaxed and at ease in the company of staff. Two family members told us that staff responded quickly when they had used the call bell to get support for their relatives, for example one family member commented, "Staff responded quickly when I used the call bell when [my relative] fell".

Sluice room doors were not secured during the morning of the inspection visit. It is important that these remain secure to prevent people from gaining access to hazardous substances which can cause harm. We raised this with staff and the registered manager who immediately ensured these were locked. These remained locked for the rest of the day.

People were supported to take their medication as prescribed by staff who had received training in the safe administration of medication. We looked at the medication administration records (MARs) and found that in a majority of cases these were being signed appropriately by staff. A protocol was in place for 'PRN' (as required) medication, however where this was not required staff had not always signed the MAR to show this. In another example staff had been randomly dispensing medication from a person's blister pack. Whilst the person had been receiving the correct medication because they were prescribed the same medication each day, the date it was given did not correspond to the date on their blister pack. This is poor practice as it makes medication more difficult to audit to ensure it has been given correctly. We raised this with the registered manager to discuss with staff.

Staff had completed training in safeguarding vulnerable adults. They were aware of the different kinds of abuse that can occur and knew how to report any concerns they may have. The registered provider had a safeguarding policy and procedure in place which was accessible to staff, and which they were familiar with. Staff were also familiar with the registered provider's whistleblowing policy. Whistleblowing is where staff are able to raise concerns either inside or outside the organisation without fear of reprisals. The registered manager sent a monthly update to the local authority with any concerns as required by the local authority's safeguarding procedure.

A record of accidents and incidents was being maintained and monitored by the registered manager. This outlined the incident, the time and location where the incident had occurred. These showed that appropriate action had been taken to keep people safe, and prevent incidents from reoccurring again in the future. For example, where one person had sustained multiple falls a plan had been put in place and the appropriate professionals involved to help address the concerns. This helped ensure that people were kept safe.

Risk assessments were in place with regards to people's day to day needs. For example, mobility risk assessments showed where people were at high risk of falls, and what measures were in place to support them, such as the use of a hoist or walking frame. Risk assessments were also in place to protect people's skin where they were at risk of developing pressure ulcers. These outlined where people needed a specialist

equipment such as a pressure relieving mattress, or support with altering their position to relieve pressure areas. This helped maintain people's health and wellbeing.

There were sufficient numbers of staff on duty at the time of the inspection visit to meet people's needs. The registered manager confirmed that where required agency staff were used to fill in where regular staff may be off sick. We looked at rotas which showed that staffing levels were consistent. People and family members commented that staff responded quickly when they used their call bell. This demonstrated there were sufficient numbers of staff to respond promptly where people needed support.

There was a robust recruitment process in place to ensure those staff who were employed were of suitable character. New staff had been required to provide two references, one of which was from their most recent employer. Staff had also been subject to a check by the disclosure and barring service (DBS). The DBS checks to ensure that applicants are not barred from working with vulnerable adults, and helps employers make decisions about whether applicants are suitable for the role.

Staff had completed training in infection control procedures. Throughout the inspection visit we observed staff using personal protective equipment (PPE) such as disposable gloves and aprons where they were about to provide personal care support to people. This helped minimise the risk of people contracting an infection and becoming ill.

Environmental risk assessments were in place to keep people safe. In addition regular checks took place to monitor utilities. For example, water outlets were flushed on a weekly basis to ensure that these did not harbour harmful bacteria, and water samples had been reviewed to ensure they were safe. Water temperatures were monitored to ensure that these were not too hot or too cold, as required by guidance issued by the Health and Safety Executive (HSE).

Fire alarms and fire extinguishers had been serviced to ensure that they were in working order and a fire risk assessment had been completed. Fire drills had been completed on a regular basis and showed that these were carried out safely and without any issues. Personal emergency evacuation plans (PEEPs) had been completed which outlined the support people required in the event of an emergency. Equipment such as hoists and slings had been serviced to ensure they were safe.

Is the service effective?

Our findings

People commented that they thought staff had the right skills and knowledge to support them. We spoke to one family member who commented, "The staff are very well trained and deal with the dementia residents superbly", however another family member commented that they felt staff required more training in relation to supporting people living with dementia.

People told us that the quality of the food was variable. Some of their comments included, "The food is not very good and not much choice" and "The quality of the food varies depending on if the chef is in or not in". There was no menu in place for people to refer to, however people commented that they were asked what they would like to eat. We observed one example where a person did not like what was on offer and they were offered something different. Following the inspection the registered manager provided evidence to show that people had been consulted on how people's meal time experiences could be improved, and had received positive feedback on the food available. This showed that the registered manager had been proactive in response to people's comments during the inspection.

People were well supported during meal times. They were provided with a diet that was appropriate for their needs, and staff were attentive and patient whilst providing people with the support they needed. One person's family member commented, "Staff actively encourage [my relative] to eat as they wouldn't bother if left to their own devices". Care records reflected people's dietary needs and showed that where staff had concerns, referrals had been made to the dietician, or speech and language therapists for support.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Applications had been made for those people who required DoLS by the registered manager, who demonstrated a good understanding of the process.

The service contained a secure unit which was kept locked to prevent people who were subject to a DoLS from leaving without the required level of support. The lounge area contained comfortable looking seats, and was easily identifiable as a communal area. However, corridors leading off from the lounge did not contain distinctive markers to help people remain oriented. One person's door had a photograph to help the person identify this room as their own, however other people's doors were without decoration. Placing items of interest, or using signage containing visual representations can help support people living with dementia orientate themselves around their environment. This can have a positive impact of people's wellbeing.

We recommend that the registered provider seek advice and guidance from a reputable source around making adaptations to the environment to ensure they are meeting the needs of people living with dementia.

A majority of people confirmed that staff promoted their choice and control during care interventions, however two people gave examples where they had to remind staff that they were able to make decisions for themselves. We observed other examples where staff did offer people choice, for example offering a choice of food and drinks. In one example staff asked people what music they would like on in the communal area. Some of the staff we spoke to had a good understanding of their roles and responsibilities in relation to the Act, whereas some did not. We raised this with the registered manager and asked that they ensure staff understood the principles of the MCA and incorporate this into practice as not all staff had completed training in this. The registered provider confirmed that training in the MCA had been organised and was due to be completed.

Training records showed that staff had not recently completed training in supporting people living with dementia. For a majority of staff this had last been completed in May 2014. However we observed examples of positive interactions between staff and people living with dementia. For example during meal times, one person kept trying to leave the table without having eaten their meal. Staff were kind and patient in their approach, remaining with this person so that they could prompt them to finish their food, protecting them from the risk of malnutrition.

Staff had received training in other areas required for them to carry out their role. They had completed training in areas such as moving and handling, fire safety and food hygiene. Some staff had also been supported to complete nationally recognised qualifications in health and social care. The registered manager had reviewed the competencies of staff in these subjects, and refresher training had been made available to keep their skills and knowledge up-to-date.

There was an induction process in place for new members of staff. This included a period of shadowing experienced staff. Staff were required to complete an induction which met the requirements of the care certificate. The care certificate is a nationally recognised set of standards that care staff are required to meet. New staff were subject to a probation period and had their performance monitored at regular intervals by the manager. This helped to identify required areas of development and ensure that new staff had the level of skill needed to carry out their role.

People had been supported to access support from health professionals where required, for example their GP. People's care records showed that staff had been proactive in requesting support where they had concerns. This helped ensure that people's health and wellbeing was maintained.

Is the service caring?

Our findings

People told us that staff were kind and caring in their approach. Their comments included, "Everyone is very good to me", "All the staff are kind and caring, I feel they are my friends" and "I sometimes feel a pest asking for help but the staff never treat me unkindly and they never make me feel awful". People's family members also commented positively about staff. They told us, "Everything is done with care", "I feel Bluebell Unit is friendly and caring. They seem to have a real affection for each resident" and "The staff are kind and sweet to [my relative]".

People commented that staff were respectful towards them and treated them with dignity. Their comments included, "I feel respected at all times", "If I request a shower they assist me and always are considerate about my modesty" and "The staff always treat us with dignity. They always knock and ask before they come into my room". We observed multiple examples throughout the inspection visit where staff were warm and kind towards the people they supported.

Positive relationships had been developed between people and staff. We observed examples where staff and people laughed together and had good banter. Where people became anxious or needed support staff acted to relieve distress by speaking in calm tones, or trying to get to the cause of what was the matter.

A majority of people told us that they did not want to be involved in planning their care, but had given this responsibility to family members. However one person told us that they were fully involved in their care, and took full responsibility for their own personal affairs. People's family members told us that they met regularly with the registered manager to discuss their relative's care needs. The registered manager confirmed that they held a record of those family members who had power of attorney and were able to legally make decisions on behalf of their relatives where they lacked mental capacity.

At the time of the inspection visit there was no one who was at the end stages of their life. However, people's care records contained details of how they would like to be supported in the event of their health declining. 'Do not attempt resuscitation' orders were in place at the front of people's care records. These had been put in place where people had decided that they did not want to be resuscitated, or where this decision had been made in their best interests.

The atmosphere within the service was pleasant. One person commented, "I like the atmosphere, it's friendly and relaxed", whilst another person told us, "I feel the atmosphere in the home is very good". People's family members told us that they were made to feel welcome when they visited the service, however none of the relatives we spoke to told us that they were offered refreshments. One family member commented, "It would be nice to be offered a cup of tea because that would be what [my relative] would have done in their own home".

People each had their own rooms which were kept clean, and where they were able to spend time in private. People had decorated their rooms with their personal belongings, such as photographs of family and other ornaments. We spoke to people spending time in their rooms who looked comfortable and relaxed. Lounge

areas overlooked well maintained gardens which people were able to access. People told us that they enjoyed sitting and watching the wildlife, and were looking forward to nicer weather so that they could spend time outdoors.

People's confidentiality was maintained. Care records were stored securely In an office that was locked when not in use. Information stored electronically was protected by passwords, which helped ensure that unauthorised individuals could not gain access to this.

Is the service responsive?

Our findings

People told us that staff provided the care and support that they needed, for example personal care, administering their medication and ensuring they were safe. Family members made positive comments on the service and told us their relatives were well looked after by staff.

People commented that they did not feel there were enough activities to keep them occupied. Their comments included, "There is not much going on but if they have a singer we all enjoy that. It doesn't happen often" and, "Not much goes on, it's very boring". Another person commented that they sometimes felt "Lonely". One person's family member commented, "I would be happier if the residents were taken out on occasional trips". There was an activities co-ordinator in post, however during the inspection visit they were not on duty. We were told that there were no activities planned for the day, however we did see some staff and people playing a game with a ball in one of the communal areas. We reviewed activity records for January and February 2017 which showed that whilst activities were available on the majority of days, it was often the same small group of approximately eight people participating in these. This indicated that activities did not appeal to a majority of people using the service. Following the inspection the registered manager was able to evidence that people had been consulted on how activities could be improved. Some suggestions included a mobile shop coming to visit the service, a visit to the local zoo, and more day time activities such as games. This showed that the registered manager had been proactive in trying to make improvements.

We recommend that the registered provider seek advice and guidance from a reputable source, around ways of providing social stimulation for people.

Prior to people moving into the service the registered manager or another senior member of staff completed an initial assessment. This looked at people's physical, mental and social needs, and also included relevant information provided by other professionals such as the person's GP or social worker. This assessment aimed to determine whether the service was able to meet the needs of the individual.

Each person had an individual care record in place which outlined their needs. These records provided information to staff around what they needed to do to support people. These had been reviewed on a regular basis to ensure they were up-to-date. For example, one person had experienced an episode of having difficulty swallowing which had meant that they had required a soft diet to reduce the risk of choking. A recent review of their needs by the speech and language therapist had confirmed that they no longer required a soft diet. This information was reflected in the person's care record, and staff were aware of this information. In another example, one person had previously been at risk of causing harm to themselves. This information was recorded so that staff could alert the relevant professionals if this person started to demonstrate this behaviour again. This helped ensure that staff had access to accurate and relevant information which enabled the appropriate care and support to be offered..

Care records were personalised and contained details around people's likes, dislikes and personal preferences. For example, one person's care record stated that they enjoyed watching TV soaps and

preferred waking up between eight and nine o'clock. This information helped staff get to know people, and provide the care and support they needed.

Staff maintained daily records which included details of the support that had been provided to people during the day. Diet and fluid monitoring charts were maintained where people were at risk of malnutrition and dehydration, to help determine whether people had eaten or drunk enough fluids. Behavioural charts had been maintained where people exhibited behaviours that challenge. This information was used by external professionals to monitor people's needs, and determine what support they required.

People told us that they knew how to make a complaint, and that they would do so if they felt the need. Family members also confirmed that they would know what to do if they had any concerns. A complaints record had been maintained by the registered manager. This showed that one complaint had been received over the past 12 months. This had been investigated by the registered manager in a timely manner and in line with the registered provider's complaints policy. This showed that appropriate consideration was given in response to people's concerns.

Is the service well-led?

Our findings

The service had a registered manager who had been in post since November 2016. People told us they knew who the registered manager was and found her to be approachable. Staff also commented that they found the registered manager approachable, and gave examples where she had been supportive.

A number of compliments had been received by the service. These included comments such as, "Thank you for the support, dedication and kindness shown to [my relative]" and "Knowing [my relative] is comfortable has been a relief and great comfort to me and all the family". This demonstrated the positive experiences people and their families had had of the service.

During the inspection visit we identified some minor issues in relation to; a lack of adaptations to the environment to meet the needs of people living with dementia, medication and people's satisfaction with the food being provided. Following the inspection the registered manager was able to evidence that improvements around food and activities were being made, through consultation with people. The registered and registered provider also told us that improvements around medication and the environment would be made.

Audit systems were in place to monitor the quality of the service being provided. For example the registered manager completed audits of people's medication on a weekly and monthly basis. This had identified that some staff had not been signing MARs appropriately. Staff supervision notes showed that this had been discussed with staff where required. Where irregularities in stock levels were found the registered manager carried out an investigation to this to determine the cause and how to prevent issues from occurring again.

Audits were also completed around the environment to ensure it was safe. Where aspects of the environment were determined to need improvements this was completed. For example, first aid boxes had been checked to ensure they were fully stocked, and where needed had been replenished. Care plan audits had taken place to ensure these were up-to-date and contained accurate information for staff to deliver effective care to people.

Since taking over the service in November 2016 the registered provider had completed a quality monitoring visit to identify where improvements were required. This had included a tour of the service, looking at a sample of people's medication, training and maintenance of the premises. A follow up visit had been completed to ensure that action had been taken as required, and found that it had. On going actions were in place, for example providing additional training to staff.

Meetings were held with people using the service. The last meeting in January 2017 had covered areas such as meal time experiences and activities. The meeting minutes had showed that people had suggested improvements in these areas, for example going on more trips out and changing the music during meal times, to options they are more familiar with. During the inspection visit, changes had been made to the music as requested, however people still told us that activities were an area that needed improvement. We raised this with the registered manager for their consideration.

Team meetings were being held with staff. These included discussions around the rotas and areas where improvements were required, for example in relation to signing MARs. This ensured that staff were up-to-date on developments within the service, and had the opportunity to ask questions or make suggestions relating to the running of the service.

The registered provider told us that an annual survey would be completed by people using the service. However, as the registered provider had only recently taken over the service this had not yet been carried out.

The registered provider is required by law to notify the CQC of significant events that occur within the service. Prior to the inspection we reviewed information on our system and found that this was being completed. During the inspection visit the registered manager demonstrated a good understanding of those situations that they would be required to notify us about.