Wendleberrie Care Ltd

Wendleberrie House

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 8 January 2019 and was unannounced.

Wendleberrie House 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.

Wendleberrie House is registered to provide accommodation and personal care, without nursing care for up to 15 older people, including people living with dementia. At the time of our inspection, 10 people were using the service.

The registered provider was also the registered manager for the service. 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.

At our last inspection in February 2018, the service was rated 'Requires Improvement'. At this inspection we found the provider was in the process of implementing more robust records management and quality audit systems. Some of the systems had recently been introduced and needed time to be embedded into practice. Therefore at this inspection we have rated 'Well-Led' as 'Requires Improvement' and the overall rating for the service has improved to 'Good'.

People were protected from harm, the staff understood how to keep people safe and how to report any concerns regarding people's safety or welfare. The service safely supported people with the administration of medicines. Safe recruitment procedures were generally carried out and there was sufficient staff available to meet the current needs of the people using the service.

Risk assessments addressed the potential risks present for each person and monitoring records were used to manage the risks. These were also used to recognise when specialist advice from other healthcare professionals needed to be sought in response to people's changing needs.

Systems were in place to question accidents and incidents to learn from them and mitigate the risk of any repeat incidents. The provider had introduced systems to analyse these to identify areas for further improvement and to mitigate further risks.

The premises were clean and hygienic, and people and staff were protected from the risks of infections. Checks to the safety of the environmental took place and records were maintained on the checks.

People were provided with a choice of nutritious meals and people identified at risk of losing weight, or those with swallowing difficulties were referred to health professionals for specialist care and advice.

People's needs were fully assessed before moving into the service, and people and relatives confirmed they were involved in the assessments. The service worked and communicated with other healthcare professionals, so that people received effective care and support when moving between different care services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The staff were kind, compassionate, and friendly. People were encouraged to express their views and make choices. The staff knew the people who used the service well and had built trusting relationships. There was a policy on confidentiality and information about people was shared only on a need to know basis. People's confidential information was stored appropriately.

People's physical, emotional and spiritual, needs were met. People were supported at the end of their life to have a comfortable, dignified and pain-free death and where possible people were able to remain at the home.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it; to comply with the Accessible Information Standards. The Accessible Information Standards is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

The Care Quality Commission (CQC) had been notified of events and incidents that occurred in the service in accordance with our statutory notifications.

The provider had on display the rating from the last inspection both in the service and on their website. It is a legal requirement the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so people, visitors and those seeking information about the service can be informed of our judgments.

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.

The provider had made improvements to the systems for monitoring staff recruitment and accident and incident records. Time was needed to embed the systems into practice.

Staff received training in safeguarding and knew how to report safeguarding concerns to the provider and the relevant authorities.

Systems had been put in place to undertake routine infection control monitoring checks.

People were supported to take their medication as prescribed.

Is the service effective?

Good

The service was effective.

The provider had made improvements to the quality of records regarding the monitoring of staff induction training and deprivation of liberty (DoLS) applications. Time was needed to embed the systems into practice.

People had access to healthcare services and received on-going healthcare support.

The provider was working within the principles of the Mental Capacity Act 2005 (MCA).

People's needs were met by the design and adaptation of the building.

Is the service caring?

Good

The service was caring.

People's privacy and dignity was maintained and respected.

Positive relationships had developed between people and staff. People were treated with kindness and respect.

People and where appropriate their families were involved in making decisions about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care records outlined how they wanted staff to support them.

People were actively engaged in a range of social and one to one activities.

People and their relatives told us they knew how to make a complaint.

People were involved in discussions about end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

Improvement had taken place to the quality of systems to record and monitor the safety and effectiveness of the service. Some of which had only recently been introduced. Time was needed to fully embed the systems to drive continuous improvement at the service.

Wendleberrie House

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 was planned to check 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.

This was a comprehensive inspection. The inspection was unannounced and took place on 8 January 2019 and was undertaken by one inspector.

Before the inspection, we reviewed information the provider sent us in the provider information return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service such as statutory notifications that had been sent to us by the provider. These detail events which happened at the service, which providers are required to tell us about. We also contacted commissioners for any information they held on the service.

We spoke with three people using the service, two visitors, and a visiting activity person, three care staff, the deputy manager and the registered manager / provider. We also made general observations of how people using the service were supported by staff.

We reviewed the care plans and associated care records for three people using the service. We looked at the recruitment files for three staff, and documents relating to staff induction training and their ongoing training and supervision. We also looked at records, relating to the management and oversight of the service.

Good

Is the service safe?

Our findings

At the last inspection in February 2018 'Safe' was rated 'Requires Improvement'. At this inspection the rating has improved to 'Good'.

Records showed the provider carried out the necessary pre-employment safeguards. To include obtaining written references and criminal records checks through the Disclosure and Barring Service (DBS). The provider aimed to obtain two references for new starters, however within one staff file only one reference was available. There was evidence of the provider requesting a second reference, but this had not been followed up. The provider said this had been overlooked and they would chase up the second staff reference in line with their policy.

Staff told us, and records confirmed they received safeguarding training. Records were held on file of communications with the local safeguarding authority, in response to requests for the provider to carry out safeguarding investigations.

Accident and incident files contained body charts where staff had recorded when they found any unexplained marks or bruising, that would constitute a safeguarding referral to be made. The provider explained it was their policy for staff to check people for any marks or bruising on admission to the service. We saw one record where staff had recorded they had found bruising to a person's body on admission to the service. The provider had not raised this as a potential safeguarding concern, but later realised any unexplained bruising found on admission, should be treated under the safeguarding procedures. The provider had oversight of the accident and incident reports and explored the possible cause for accidents and incidents with staff as a way of learning and putting in measures to mitigate the risk of any repeat incidents.

There were sufficient numbers of staff available with the necessary skills to meet people's assessed needs. The provider confirmed no people using the service currently required the support of two staff at night, and as such, one 'waking night' staff worked at night. The provider confirmed, they and the deputy manager were available out of hours and would attend to provide additional support, in the event of any emergency during the night. The provider said they continually reviewed the support people required, and as people's needs changed they would increase the day and night staffing levels accordingly.

Infection control practices had improved. The premises were kept clean and hygienic and people were protected from the risk of infection. We observed staff took the necessary precautions to reduce the risks of cross infection when providing personal care and used protective equipment such as disposable gloves and aprons. Staff received training on infection control procedures and we observed they had sufficient access to the personal protective equipment they required such as gloves and aprons. We also saw that infection control checks and audits were routinely completed.

People told us they felt safe at the home. One person said, "I have no doubts about my safety, I feel I am in very good hands." The staff were knowledgeable about how to keep people safe and knew the signs of

possible abuse and who to report them to. Records showed staff received safeguarding training, which was regularly updated. Records also showed the provider worked with the safeguarding authority in response to safeguarding concerns brought to their attention. They ensured communications with other health & social care professionals were open and transparent and people's care was reviewed to minimise any further potential risks.

Risk assessments identified specific risks to individuals, and the actions needed to mitigate the risks to promote people's safety, and independence as far as possible. Falls risk assessments were carried out and the provider referred people at high risk of falls to the falls prevention team, for advice on how to further reduce the risks of falls. Records showed people's risk assessments and associated care plans were reviewed regularly and as and when needs changed.

During our inspection we saw staff providing people with safe and appropriate assistance to make their way around the home. Staff had received training to use the moving and handling equipment and we saw the equipment was serviced in accordance with the manufacturer's instructions. However, we noted the bath hoist was not fit for use, the provider confirmed no people currently used the bath hoist. Following the inspection, the provider confirmed a new bath hoist was to be installed. This would ensure sufficient washing and bathing facilities were available for people to choose whether to have a bath or shower.

People's medicines were appropriately managed to ensure they were administered to people safely. One person told us, "I take a lot of tablets, but the staff make sure I have them when I should. I know exactly what tablets I need to take, and there have never been any mistakes made." The medicines administration records (MAR), showed that people received their medicines at the right time and that staff kept accurate records. People who requested medicines for pain relief on an 'as required' basis were given them when requested or needed.

Medicines were stored according to the manufacturer's recommendations and when no longer required they were returned to the pharmacy. The staff confirmed they kept their knowledge and skills on the safe handling and administration of medicines up to date and records showed their competency to safely administer medicines was regularly assessed. We observed people receiving their medicines and found that they were administered in line with best practice guidelines.

Regular checks were carried out on the fire system, firefighting equipment, water, gas and electrical systems. People had personal emergency evacuation plans (PEEP's) in place in the event of a major emergency requiring full evacuation of the premises.

Good

Is the service effective?

Our findings

At the last inspection in February 2018 'Effective' was rated 'Requires Improvement'. At this inspection the rating had improved to 'Good'.

Newly employed staff were required to complete an induction programme before starting work. The provider had purchased an on-line induction training package, based on current best practice. The modules provided staff with the knowledge and guidance to undertake the role of a care worker. Staff said the training was good and they felt it kept them up to date with good practice. For example, moving and handling and dementia awareness. We saw that a program of staff training took place throughout the year, which consisted of face to face and on-line training. One person said, "I see the staff having their training, it often takes place in the conservatory, I see the chap that does the training comes in often." Training certificates were evident within all the staff files viewed, however, robust records were not fully maintained on staff induction training. Following the inspection, the provider sent us records to confirm all staff had completed induction training.

Information within the provider information return (PIR) told us staff had monthly training sessions and over the past year they had received training on the following: Health and safety, fire safety, infection control, pressure area care and tissue viability, mental capacity and deprivation of liberty (DoLS), safeguarding, the safe handling and administration of medicines, food safety, moving and handling, dementia awareness, managing behaviour that challenges, and appointed persons first aid.

The staff said they felt supported and at ease asking the provider and senior staff, for any guidance or support. Records showed the frequency of one to one, staff supervision meetings had increased, and group team meetings took place regularly. This gave staff the opportunities to discuss their personal development in private and any other matters in relation to the service, with the provider and their peers. The staff spoke positively about working at the service, one member of staff said, "I love working here, it has a homely, family feel. I was very impressed at Christmas the provider cooked a meal for all the staff to say thank you. Things like that really make you feel appreciated."

People were supported to eat and drink sufficient amounts to maintain a balanced diet. Since the last inspection the provider had organised for an external company to provide a range of frozen meals. People told us they had been consulted about the change in the meal provision and they were happy with the choice and quality of meals they received. We saw that systems were in place to ensure the meals were reheated to the correct temperatures and the meals looked visually appealing. One person said, "I have no complaints about the food, the meals are very tasty." The staff had a good understanding about people's dietary likes and dislikes and they closely monitored and recorded the food and fluid intake for people identified at risk of malnutrition or dehydration.

People told us, and records showed they had regular access to see other healthcare specialists. One person said, "I changed to a local GP when I moved to live here, it worked out quite well, as my old GP was due to retire, but my new GP seems very nice."

The premises were adapted to meet people's needs. People had their bedrooms personalised and had access to the garden and there was space for them to meet visitors in private.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had received training on the principles of the MCA and DoLS. The provider confirmed they were in the process of submitting DoLS applications to the local authority and was working on a system to record, track and review applications, and authorisations, in keeping with the MCA principles.

People had consented to their care where they had the mental capacity to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. One person said, "I can come and go as I please, I don't feel like I am restricted in any way, I have complete freedom to make my own choices." We observed throughout the inspection that staff asked for people's consent before assisting them with any care or support. There was equality and diversity policy in place. Staff demonstrated that they were aware of their responsibility to promote people's rights and protect people from any type of discrimination.

Good

Is the service caring?

Our findings

At the last inspection in February 2018 'Caring' was rated 'Requires Improvement'. At this inspection the rating had improved to 'Good'.

People told us that staff treated them with dignity and respect. We heard staff address people by their preferred names and observed staff knocking on people's doors prior to entering and ensuring that doors were closed whilst personal care tasks were being completed. One person said, "I feel the staff are very respectful, for such young girls, they are very mature, they understand what it can feel like being on the receiving end of care." The staff gave appropriate examples of how they maintained people's dignity during personal care tasks.

There was a friendly and welcoming atmosphere around the home. People looked happy and relaxed and we observed positive relationships between people and staff. A visitor said, "I had a short respite stay here, after I had an operation, if I needed respite care again, this is where I would want to come and stay, the staff are great." Another relative said, "My [relative] lived here, the manager and staff are so welcoming and attentive, the home has a lovely homely feel to it." Throughout the day of the inspection, we observed family and friends welcomed as they visited their loved ones.

The staff promoted people's individuality and their approach was kind, caring and respectful. In conversations with staff, it was clear they knew people very well and took a genuine interest in people's life histories, and interests. They worked well together to make people and their relatives feel valued and cared for. They were attentive to people's needs and responded quickly to any requests for assistance.

Staff supported people to take pride in their appearance, people looked clean and well-dressed showing staff took time to support them. One relative said, "[Person] always looks clean and well looked after, it doesn't matter what time of day I visit it is always the same."

People were able to personalise their rooms according to their tastes and preferences. Some people had bought their own furniture with them, which made their rooms very homely. People were able to see personal and professional visitors in their personal rooms or in communal areas.
We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. Relatives told us they were given regular updates about their relation and said they could visit and telephone the home at any time. One relative told us, "It has been a weight lifted off my shoulders finding a good care home where I can completely trust the staff to keep me informed." This showed the service supported people to maintain key relationships.

Good

Is the service responsive?

Our findings

At the last inspection in February 2018 'Responsive' was rated 'Good'. At this inspection the rating remained 'Good'.

People's needs were assessed before they moved into the home. The pre-admission assessments had been carried out with the involvement of the person and their relatives. They covered areas such as medical history, mobility and nutrition and hydration needs. The information from the assessment was used to develop the care plans, which provided staff with detailed information about the care and treatment people required.

Systems were in place to review the care plans to ensure information reflected people's current needs. The care plans were electronically stored, and staff had access to review and update information through a handheld device that was linked to the electronic system. The care plans included information about people's emotional, physical and spiritual needs, as well as mobility and health needs. All staff had access to the electronic care plans, which were password protected, and we observed, staff updated information within the care plans as they went about their duties.

Staff were made aware of any changes to people's care needs through regular handover of information meetings, during which, changes to people's care needs were discussed and staff updated. Staff used the information they received at handover to ensure that people received the care and support they required. A handover book was used to prompt staff to ensure people attended health appointments and provided updates in relation to people's changing needs, the staff signed the handover book to demonstrate they had read the handover information.

Staff understood the need to support people's social and cultural diversities, values and beliefs. There was a varied range of activities for people to participate in, if they wished. One person said, "There is always something going on, I don't really bother taking part as it's not my thing, although I often watch from the side-lines." On the day of the inspection arts and craft session took place, and people were busy making 'mood boards' cutting pictures out of magazines of things that made them feel positive. The arts therapist that facilitated the session said they had spoken with people about what they wanted to do, and the mood boards was an idea they wanted to try. Other activities that took place involved skittles, music sessions, exercise sessions and pet therapy. A visitor showed us a picture of when a Shetland pony had recently visited the home.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The provider was compliant with this standard. For example, there were easy read documents available for people.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff liaised with other agencies such as the palliative care nurses to support people with their final wishes.

People were aware that they could raise a concern about their care and there was written information provided on how to make a complaint. People told us that they had a good relationship with the provider and the staff team and felt they could discuss issues with them. One person said, "I've not had any reason to make a complaint, the manager and staff are very approachable and bend over backwards to do whatever they can for you." A relative said, "I can't fault this home, there should be more like it."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in February 2018 'Well-Led' was rated 'Requires Improvement'. At this inspection the rating remains 'Requires Improvement'.

The provider was also the registered manager for the service. They had recently appointed an experienced member of staff to take on the deputy manager position, and some staff members had been promoted to senior care worker positions.

At the time of the inspection the records management and quality monitoring systems were in the process of being further developed. For example, systems were being implemented to monitor accidents and incidents, deprivation of liberty (DoLS) applications, and staff recruitment and induction records. Time was needed to embed the management systems into daily practice.

The provider had day to day contact with people using the service. Regular resident meetings took place, and people also provided feedback through completing satisfaction questionnaires. One person said the provider took quick action because of feedback they had given. For example, they said they had mentioned to the provider the quality of the toilet rolls needed improving. They said, "I was buying my own toilet rolls as I didn't like the ones they were using, I told [Name of provider], the next day he bought in loads of toilet rolls to give back to me, and they immediately stopped using the inferior brand."

People and their relatives said the provider was very open and approachable. Staff told us the provider was very friendly, approachable and very supportive. One person said, "You can see he {registered provider] really cares about the welfare of all the residents, he is here every day."

Staff said they took a pride in working at the service, they were positive about promoting the culture and ethos of the service, having a 'home from home' atmosphere. They said they felt valued and staff meetings were used to share ideas about driving improvement at the service.

The provider was open and transparent and worked in partnership with other organisations to improve the quality of the service. They had kept the Care Quality Commission (CQC) informed of events and incidents that occurred in the home through submitting statutory notifications.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. The provider had on display the rating from the last inspection both in the service and on their website.