

# Wetley Manor Residential Care Home Limited

# Wetley Manor Care Home

## Inspection report

Abbey Road  
Wetley Rocks  
Stoke On Trent  
Staffordshire  
ST9 0AS

Tel: 01782551144  
Website: [www.wetleymanor.co.uk](http://www.wetleymanor.co.uk)

Date of inspection visit:  
27 August 2019

Date of publication:  
30 October 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Wetley Manor is residential purpose-built single floor care home providing personal care with accommodation to 22 older people who may be living with dementia, poor mental health or a physical disability. 20 people lived at the home on the day of our inspection.

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

The provider had made improvements since our last inspection in respect of management systems but there were still areas relating to ensuring the safety of medicines management which needed to be developed further, although the provider was not in breach of regulations and there was no evidence of harm.

People and relatives told us the service was safe and staff were aware of how to minimise risks to people and promote their safety. Staff knew how to identify risks and change their approach to minimise these.

People were supported by staff that were caring, showed compassion and expressed an interest in people. People told us they received care that met their expectations and was based on their individual needs and preferences. Staff were knowledgeable about people, their needs and preferences.

People were supported by care staff who had the skills and knowledge to meet their needs. Staff understood, felt confident and well supported in their role. People's health was supported as staff worked with other health care providers when needed to support people's healthcare needs.

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

People told us they enjoyed meals they chose and there was access to a range of foods that met people's needs due to their health, or specific preferences.

People's care plans reflected people's needs and preferences and the staff were able to explain how people were involved to ensure care plans were up to date. There was some scope for development of some areas of these that the provider had initiated.

The provider was responsive to information from people and relatives. People knew how to complain and felt concerns would be listened and responded to by the staff. People's comments were used as a tool to drive improvement of the service.

People, relatives and staff gave us a positive picture as to the quality of care people received, and said they were able to share their views with staff. People said they were able to follow their chosen routines, had

choice and accessed activities at the service.

Quality monitoring systems included audits, regular checks on people's satisfaction with the service they received, by surveys, meetings or ongoing discussion. The provider has systems in place to ensure they kept up to date with developments in the sector and changes in the law with support from a care consultant.

People and relatives told us the registered manager and staff were approachable, organised, listened and responded to them and acted on feedback when they shared this with them. People and relatives told us the service was well managed. The provider demonstrated they were not complacent and wished to improve the service further, for example developing better care records and improving the environment further.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 20 June 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

This inspection was carried out to follow up on action we told the provider to take at the last inspection and was also completed as part of our scheduled re inspection activity.

#### Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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 was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-Led findings below.

**Requires Improvement** ●

# Wetley Manor Care 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 team consisted of one inspector, one pharmacy Inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Wetley Manor 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 this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the nominated individual, registered manager, a senior care worker, a care worker and the cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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. This included three people's care records and 10 medication records. We looked at one staff file (This due to limited staff turnover) in relation to recruitment. We also reviewed a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a follow up investigation in respect of concerns and care records currently in the process of implementation.

# 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 remained the same.

This meant some aspects of the service were not always safe although the management were receptive to our feedback and evidenced steps were being taken to ensure people were safe.

### Using medicines safely

- Processes were in place for the timely ordering and supply of medicines. Most medicine administration records (MARS) indicated people received their medicines as prescribed. However, there were two examples of where the MARS were signed to confirm administration had taken place, but medicines had not been administered.
- We found the service was not complying with the instructions for a medicine that had been prescribed for two people. This medicine needed to be administered half an hour before food and other medicines. We found no evidence this had impaired the effectiveness of the medicines these people were taking.
- All medicines were stored securely. Checks of controlled medicines (CDs) did not identify the receipt and update of the running balance in the CD register on the day the CDs were received. This had not impacted on people who still had their CD medicines as prescribed but meant auditing the stock of these medicines took longer.
- Recording of the location of where analgesic skin patches were applied to a person's body was not taking place. From what staff told us they were not following the manufacturer's guidelines on rotating these patches around the body. This meant the patches were not applied safely and potentially could lead to unnecessary side effects although there was no evidence this was the case.
- Supporting information to assist staff in administering medicines prescribed on a 'as required' basis were in place. The information reviewed was person centred and detailed enough to ensure these medicines were administered consistently. Staff were knowledgeable about when to administer these medicines.
- People were able to access homely remedies. A homely remedy is a product that can be purchased (e.g. from a pharmacy or supermarket) by the service for the relief of a minor ailments without prescription. Each person's general practitioner was notified of the intention to use homely remedies when needed and there was evidence of these medicines safe use.
- All medicines were stored appropriately. While the temperature of the medicine's refrigerator was monitored daily, maximum and minimum temperatures were not monitored. This would be necessary to ensure the effectiveness of those medicines that may be susceptible to higher temperatures. However, these type of medicines were not stored at the time of our inspection.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- At our last inspection the provider needed to improve risk assessments relating to the health, safety and welfare of people. We found these had improved.
- The nominated individual showed us a range of new formats to be introduced to update current risk

assessments which would help clearly identify a wide range of potential risks to people.

- Risks to people were monitored and were reviewed for any trends. Any learning from these reviews was shared with staff and risk assessments updated to ensure these risks were minimised.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Wetley Manor. Their comments included, "I have no qualms with anything", "I wouldn't stop here if it wasn't good" and, "There is always someone about".
- Staff at all levels were able to describe the systems in place to protect people from abuse. One member of staff told us, "I am not aware of any safeguarding issues but if I had concerns I would ring the police or social services".
- One person raised a concern at the time of the inspection they told us they had not shared with the registered manager. We raised this with the nominated individual and registered manager and they evidenced a quick and robust response to this issue that the person agreed with.

Staffing and recruitment

- People told us they did not think that there were always enough staff, although relatives told us there were. People did not however raise any concerns as to staff response times and we did not see anyone waiting for assistance during the inspection.
- The nominated individual told us how review of staffing levels had led to some changes so there were enough staff available at peak times of day.
- People told us the staff team was generally static which meant people knew the staff that cared for them.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Preventing and controlling infection

- The home presented as clean and fresh, with only one bathroom requiring some attention to replace/repair some damaged shelves. The nominated individual told us these would be repaired as soon as possible.
- People told us they had no concerns as to the cleanliness of the home.
- Staff used protective personal equipment (PPE) as needed and confirmed they had access to enough PPE.
- The home was awarded a five-star food hygiene rating in August 2019.



# 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.

Staff support: induction, training, skills and experience

- At our last inspection we were not assured staff had the appropriate skills to care for people due to a lack of emphasis on staff development and training.
- At this inspection the provider had improved staff training. There was a training matrix in place that showed staff had completed training. This included a range of safety and health related training, for example medicines, diabetes and catheter care.
- Staff said they were well trained, and a member of staff told us, "I had a good induction and have done lots of training". Staff told us they received supervision they found supportive.
- People told us staff were competent and their comments about staff included, "Good and they are attentive" and, "Very good". A relative told us, "They [staff] are well trained. There always seem to be training going on".

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

- Assessments were completed to allow people's care to be planned and reflect their individual needs. The nominated individual told us some areas of assessment in their opinion could be better and to this end they were introducing updated assessments to assist with this.
- People were unsure about assessments of their need but had no concerns. Relatives comments included, "I talk to [the registered manager] about all the care issues" and they were involved, "When they happen".
- Staff had information to allow them to provide care which reflected people's choices and needs. Staff understood what people's needs were and what was important for them as an individual.
- The provider considered protected characteristics covered by equality legislation such as disability, and we saw reasonable adjustments were made.

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

- People told us they enjoyed their meals with comments including, "We have a good cook". A relative told us, "Everybody seems to eat everything".
- People chose their lunch time meals and with two choices available. There was also a choice of breakfasts the staff told us people were able to have at the time they chose to get up.
- People were encouraged to drink, and risks related to poor appetites and choking were identified and monitored.

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

- We identified the environment needed improvement to reflect the needs of people with dementia at our last inspection and this had been addressed at this inspection. There was evidence of extensive redecoration with plainer walls and furnishings that would not cause people living with dementia to become disorientated.
- People were positive about the environment with comments including, "The accommodation is all on one level", "Its secure" and "An excellent homely environment".

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

- Staff worked with other health and social care professionals to ensure positive outcomes for people.
- People told us they were able to access community healthcare facilities when needed or wished.
- Staff were aware of when access to healthcare services was needed in unforeseen circumstances.

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

- People were asked for their consent, for example when a person was lifted with a hoist staff checked they were happy with what they were doing to support them.
- Staff knew which people were subject to a DoLS and what conditions were in place.

# 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 'requires improvement'. At this inspection this key question has now improved to 'good'.

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

- People were positive about how staff treated and supported them. Their comments included, "They do their job well", "They [staff] are very pleasant" and staff are, "Good and they are attentive".
- Some people did comment they felt some staff were better in their approach, but people's consensus was they were treated well.
- Relatives comments included, "Comprehensive good care, is what they do well" and, "They [staff] do everything well".
- There were positive interactions between staff and people seen during our inspection that evidenced good relationships were in place. We saw people's diversity was respected, for example changes had been made in line with people's disabilities.

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

- People and their relatives had mixed views as to whether they were involved in their care but did not express any concerns. People told us they were offered choices about their routines, for example about what they wanted to do and where they wanted to go.
- People's comments included, "I choose when I go to bed and when I get up" and, "The staff do ask". A relative told us their loved one, "Chooses their meals" and said staff offered a choice of clothing.
- No one had an advocate at the time of our inspection. An advocate is an independent person who represents another person's interests. The registered manager said they would promote access, and said some people had support from one when going through the DoLS process.

Respecting and promoting people's privacy, dignity and independence

- People had access to several areas where they were able to have privacy in addition to their bedrooms, for example if wanting time alone or with visitors. People's records were kept safely and securely.
- People were able to retain their independence, and this was promoted by staff. People's comments included, "I wash and dress myself, and take myself to the toilet" and "They help me if I need it".
- People felt they were treated with dignity. They told us staff were friendly and caring although they felt they had better relationships with some staff. We saw people were relaxed with staff and they had positive relationships with each other.

# 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 and their relatives, whilst most stated they had not seen their care plans, told us they were unconcerned about this or were involved through discussion with the registered manager. One person told us, "I am not concerned" when asked about sight of their care plan. Relatives told us "My family members and I are all involved. Not seen [care plan] since coming in here" and "Told of any changes".
- People all told us that staff knew their needs however. One person told us, "Staff get to know us all".
- People told us they were able to make choices that reflected their personal likes and preferences.
- Staff were knowledgeable about people's needs and personal preferences. Staff told us they were able to read people's care plans and they were easy to understand.

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.

- Information about the service was available to people in various formats to assist with communication. For example, the complaints procedure was available in an easy read format.
- People's individual communication needs were explored, and staff could tell us how people communicated with reference to observation of facial expression. There was scope to develop communication plans for people who may have difficulty communicating however, for example when they had difficulty hearing. This was acknowledged by management, with evidence seen of ongoing update of care plan formats.
- The nominated individual told us they had plans to purchase an induction loop to assist people who used hearing aids.

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 had access to several activities. People told us, "Keep Fit on a Tues", "An organist comes in sometimes", "Puzzles", and, "I enjoy walking, doing the housework, and quizzes".
- Some people told us they would like some different activities, for example comments from people were, "I would like more Bingo" and, "I would like to do different activities to the ones we have at the moment. I have not asked [the registered manager]".

- There was open visiting and we saw numerous relatives and people's visitors were present at different times of the day. Some people told us their relatives would take them out.
- Several people presented as having good relationships with each other and numerous people participated with each other in a keep fit session during our inspection.

#### Improving care quality in response to complaints or concerns

- People were confident they could raise concerns with the registered manager or staff. One told us they would approach their relatives.
- Since our last inspection the provider had received no complaints until a person raised some concerns with us. The person was very clear they had not mentioned this to the registered manager at the time but was happy for us to do so.
- The nominated individual evidenced a quick and robust response to these concerns with this involving the complainant. The matter was resolved to their satisfaction.
- There was a copy of the provider's complaints procedure available within the home, this accessible to [people and visitors.

#### End of life care and support

- The service was not supporting any one with end of life care at the time of our inspection.
- People's advanced wishes were explored however, for example where people wished there were DNAR (do not resuscitate agreements) in place.

# 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 remained the same at 'requires improvement'.

This meant, while service management and leadership were consistent and leaders and the culture they created supported the delivery of care that met people's expectations, there was still scope to improve some areas through management processes.

At our last inspection the provider was in breach of Regulation 17, Good Governance of the Health and Social Care Act 2008 (Regulated Activities). A warning notice was issued against the provider. The nominated individual 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 this regulation.

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

- The registered manager carried out regular medicine audits and as a result we could see the frequency of gaps in the MARS had been significantly reduced. However, audits were not always effective despite comparing the quantity of medicines found against the administration records. Therefore, audits had not identified some of the issues we found, for example, it was not always clear if one or two tablets had been administered when people were prescribed one, or two at a set time.
- There were numerous other audits in place that helped the provider identify trends (where these were present) and ensured there was a more effective and safer service.
- The registered manager demonstrated they had a good understanding of legal requirements. For example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was displayed at the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and staff told us the service was well managed. One person told us, "It feels comfortable here", "Good, nothing needs changing" and, "I am happy with the way things are".
- People and relatives all told us they could approach the registered manager and were comfortable doing so.
- Staff told us the management team were open and they were confident, if needed to raise any concerns through the whistleblowing policy.
- Staff said the management were approachable and listened to them. We saw where people's care was reviewed in respect of how best to support a person to move safely staff views were sought and listened to. A member of staff said, "I can talk to the manager on my own about my views and I know they will be

confidential".

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

- People told us if there were any concerns they were able to raise these with the registered manager, and they would do their best to resolve them.
- The provider had made us aware of a medicine error which had not caused any harm to the person, but they had informed the persons family and followed their duty of candour.

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

- People and relatives told us they were involved, and their opinions were sought.
- The provider used surveys to canvas people's views. Some visitors told us about these and one commented "I have very recently completed it".
- The provider also held residents and relatives' meetings. One relative told us about attending one and said, "I discussed charges and care problems. The care problems were solved".

Continuous learning and improving care

- The nominated individual told us there were areas where they wanted to improve and to help them with this they had employed a consultant to act as a critical peer. This consultant had completed audits and produced action plans for management which the nominated individual said were very useful. They said the consultant would frequently challenge the services performance to assist with learning.
- The service learnt from incidents, with review by the registered manager to ensure that policies and procedures had been followed, and whether there was any learning from the incident to help with improvement.

Working in partnership with others

- People, relatives and staff all told us the provider worked in conjunction with other organisations and professionals to offer better opportunities for people.