

## Wolfeton Manor Healthcare Limited

# Wolfeton Manor

### Inspection report

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### Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

### About the service

Wolfeton Manor is a residential care home providing personal care to up to 31 older people, aged 65 and over, some of whom are living with dementia. 29 people lived there at the time of the inspection, although one person was in hospital.

### We found the following examples of good practice

People were kept safe because staff understood people's individual risks and took steps to minimise them. Staff had a high awareness of health and safety systems and described ways to keep people safe. For example, housekeeping staff used hazard signage and cones to highlight slip/trip hazards such as wet floors.

Improvements to the environment had been made. New plumbing installed had minimised the risk of leaks. Work was underway to improve access for people in the garden by installing a raised bed area for people to make gardening easier. Where contractors were working on site, the service worked closely with them to carefully manage risks and ensure people, visitors and staff were kept safe.

We were assured the service were following safe infection prevention and control procedures to keep people safe. The service had ongoing monitoring arrangements to ensure all aspects of infection control followed best practice guidance.

People's relatives were kept up to date about their progress. A relative wrote, 'The home is very well managed and we are kept up to date by regular newsletters which has been very important during the pandemic.' A counsellor was available to support people, family and friends as well as staff.

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

The last rating for this service was Good. (report published 23 August 2018)

### Why we inspected

This targeted inspection was prompted in part to follow up a health and safety incident in 2019 when a person using the service fell and sustained a serious injury whilst maintenance works were being undertaken. This incident is subject to a separate investigation. As a result, this inspection did not examine the circumstances of the incident. The purpose of the visit was to check the provider's action plan to mitigate risks of avoidable harm and make safety improvements had been implemented.

As part of CQC's response to the coronavirus pandemic we are conducting a thematic review of infection control and prevention measures in care homes. This targeted inspection also looked at the infection control and prevention measures the provider has in place.

CQC have introduced targeted inspections to follow up on specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well Led sections of this full report.

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Inspected but not rated**

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Inspected but not rated**

# Wolfeton Manor

## 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

Two inspectors visited the service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection took place on 19 August 2020 and was announced. We announced the inspection the day before we visited to discuss the safety of people, staff and inspectors with reference to the Covid 19 pandemic. The service was included in the thematic review which is seeking to identify examples of good practice in infection prevention and control.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the service to send us information about ongoing monitoring of safety at the home and about infection control measures related to Covid pandemic. We looked at a recent feedback from quality monitoring reports from the local authority.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We visited several areas of the home and observed people and staff in those areas. We looked at three people's care records which included risk assessments, care plans and daily records. We received written feedback from a relative in response to our inspection poster inviting feedback about the service.

We spoke with the registered manager, two operations directors and with five staff, which included an infection control lead as well as care and housekeeping staff. We also looked at a range of records related to environmental risk assessments, accident/incident reports and infection control. We visited a garden area where contractors were undertaking improvement works to check how risks for people using the garden were being minimised.

#### After the inspection

We sought some infection control advice about aspects of policy and practice we discussed with the service and shared that advice.

# Is the service safe?

## Our findings

Safe – We were assured that people were kept safe and protected from avoidable harm. The service were following safe infection prevention and control procedures.

At the last inspection this key question was rated as Good. We will assess all of the key questions at the next comprehensive inspection of the service.

Assessing risk, safety monitoring and management;

- People were kept safe because staff understood people's individual risks and took steps to minimise them. Each person had detailed risk assessments that identified key risks and ways to minimise risks for each person. For example, where a person was at high risk of falling, their care plan emphasised the importance of good fitting footwear and reminded staff to encourage the person to use their walking equipment to move safely around the home. At night, staff checked on the person regularly to anticipate their need and offer assistance, which minimised their risk of falling.
- Environmental risk assessments were in place, which identified ways to minimise health and safety risks for people around the home. For example, related to slip trip and falls risks. Where people were aware of risks, they were empowered to make informed choices. For example, one person chose to access the garden independently, so staff displayed warning signs around their route to remind them of trip hazards such as tree roots.
- Ongoing improvements were made to the environment to minimise risks. For example, following several leaks which required floor boards to be lifted to identify and make repairs, the provider replaced the old plumbing and relocated it to the roof space for easier maintenance.
- Where contractors were on site, detailed risk assessments were undertaken to plan and manage works safely. E.g. People, families and staff were consulted and involved in current improvement works in the grounds. The registered manager worked with contractors to manage on site safety. Protective barriers had been placed to protect people from accessing hazardous areas, tools and equipment. The registered manager and staff made regular site checks each day to ensure safe work systems were maintained.

Learning lessons when things go wrong

- Accidents and incidents were reported. These included details of what had happened and identified any preventative steps that might be taken. The registered manager reviewed all reports to ensure all appropriate actions were taken to reduce the risk of recurrence. For example, by referring a person at increased risk of falls to a specialist community rehabilitation team and implementing suggested advice.
- Where mistakes were made, the service was open and honest with people and families. Staff were supported to learn lessons and improve practice through further training, individual supervision, discussion at team meetings and via monthly manager team briefings.

How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for people using the service and for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. We will assess all of the key question at the next comprehensive inspection of the service.

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

- A relative wrote to us during the inspection to say, 'I strongly recommend registered manager and her team, and the home in general, for its commitment and professionalism.'
- The service was proactive in identifying and managing risks relating to people's health, welfare and safety. They used a range of quality monitoring systems. Regular checks and audits were undertaken by staff, the registered manager, visiting senior managers and an independent consultant. Action plans showed improvements were made in response to findings.
- People's risks assessments and care records were regularly reviewed and updated. Regular care record audits ensured people's records were detailed, accurate and personalised about their care and any risks.
- Following a health and safety incident, the service commissioned an external contractor to undertake a health and safety audit. The action plan in response to the report was largely positive about health and safety systems. Where recommendations were made, an action plan showed they had been implemented. For example, developing an asbestos management plan and replacing the seal on a fire door.
- Staff were regularly reminded through supervision and manager team briefings of their responsibility to keep the environment safe and to report any health and safety risks requiring repair and maintenance.
- The registered manager notified the Care Quality Commission about changes, incidents and events affecting their service and the people who used it.
- Where mistakes were made, the service was open and honest with people and families and outlined steps being taken to minimise the risk of recurrence. For example, staff training and awareness raising.

Continuous learning and improving care

- Since we last visited, the registered manager had undertaken additional training on risk assessment and had improved individual and environmental risk assessments to make them more detailed. They said the training had been particularly helpful in considering safety measures needed when preparing for major plumbing works at the service.
- The registered manager met regularly with other registered managers and senior managers within the group. This enabled them to share ideas, learning and keep up to date with changes in practice.
- The service had made videos featuring their own service and staff to highlight important messages about practice. For example, to raise awareness amongst staff about their role in health and safety. Other future improvements planned include replacing the call bell system with a more up to date one.