

Marton Care Homes Ltd

Wansbeck Care Home

Inspection report

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Choppington
Northumberland
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Tel: 01670817173

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25 May 2023

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wansbeck Care Home is registered to provide accommodation and personal care to a maximum of 40 older people, including people who live with dementia. At the time of the inspection there were 33 people living at the home.

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

Systems and processes for identifying patterns and trends were in place. These had not always been used well enough, meaning patterns and trends had not always been identified. We have made a recommendation about this.

Care planning and risk assessments were in place but had not always been reviewed meaningfully. Some daily records were not person-centred or easily accessible. We have made a recommendation about this.

The registered manager needed to review their understanding and application of the duty of candour. We have made a recommendation about this.

The provider had plans in place to improve the review and storage of records.

The provider had identified areas for improvement, prior to our inspection visit, and had begun to implement changes and improvements.

People felt well supported and safe. Staff helped people promptly when they needed. Relatives had confidence in the ability of staff to keep their loved ones safe.

The environment was clean. The provider had made improvements to the safety of the environment in response to visits from external agencies. They had plans in place to complete more refurbishment.

Medicines administration was safe. Staff were trained, supervised and had their competence regularly assessed. Records were clear and stock checks and audits ensured the risks of errors were reduced. The provider had acted on the advice and support of external specialists.

There were sufficient staff to keep people safe. The provider had recruited more staff recently and reduced reliance on agency staff.

People were kept safe. The provider had relevant policies and procedures in place to reduce the risk of abuse. Staff reacted promptly to individual incidents and concerns.

Staff were recruited safely and felt they could raise concerns if they needed to.

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

Staff knew people well and wanted them to receive good quality care.

The provider had made a range of recent improvements to the safety of the building, including new locks and redecoration work. They had further refurbishment planned.

The provider worked well with external professionals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 25 May 2021).

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wansbeck Care Home on our website at www.cqc.org.uk.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this report.

You can see what action we have asked the provider to take at the end of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations

We have made recommendations that the provider: reviews and improves the person-centred nature of care plans, risks assessments and their reviews; reviews the effectiveness of its quality assurance measures in place, and; reviews their understanding of the duty of candour.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wansbeck 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 Act.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector, a specialist advisor 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

Wansbeck is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wansbeck is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. 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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 6 people, 5 relatives and 7 staff, including the registered manager, regional manager, activities coordinator and care staff. We contacted 4 external professionals via telephone and email. We spoke with 4 more relatives via telephone.

We observed interactions between staff and people. We reviewed a range of records. This included 7 people's care records and medicines records. We reviewed a variety of records relating to the management of the service, including policies and procedures, training records, meeting minutes and surveys.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risk assessments were in place and staff understood the risks people faced. Recording of this information was not always consistent or up to date. Records were kept centrally in one file, which made it more difficult for staff to access records regularly.

We recommend the provider review the systems in place for recording daily records and the analysis of these.

- Some risks assessments needed to be more person-centred, particularly where people may feel anxieties or have these triggered. We did however observe staff tactfully interacting with people to calm them when they were agitated.

We recommend the provider reviews relevant risk assessments to ensure they more clearly set out the strategies staff need to follow to help people remain calm.

- Core safety information, such as fluid intakes and positional changes, had been recorded. The provider used recognised tools to assess risk and take action, for instance for identifying the risk of pressure sores, or malnutrition.

- Staff responded quickly when people had a fall or there was an incident. The provider needed to explore more proactive strategies across the service to try and reduce the regularity of falls. They were responsive to feedback and committed to doing so.

- People told us they felt safe. Staff interacted calmly with people and did not rush them. They interacted well people throughout the inspection. One person said, "I've been here for years, now, and I've never looked back. I was unsafe living on my own at home. I feel very safe here, because there's always someone here if I need help."

- Emergency equipment was in place and servicing of safety equipment/utilities was up to date.

Personalised Emergency Evacuation Plans (PEEPs) were available. The registered manager and staff team had responded to external advice regarding the laundry, required maintenance to the building and cleanliness generally.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems in place for recording, acting on and analysing incidents. These had not always been fully utilised to explore potential lessons learned or ways to learn lessons from incidents. For instance, whilst all incidents had been recorded, the 'correctable causes' section of the report had not been filled in for any of the incidents. This meant potential patterns were not being identified and proactive solutions

were not always sought.

- Staff had received safeguarding training. They knew how to raise concerns and acted to keep people safe. Handover processes had been improved to reduce the chance of staff missing core safety information.
- Relatives were informed when there were falls or other incidents and felt staff were doing what they reasonably could to ensure people were safe. They said, "They are safe living in this care home. They has occasional falls, but they always keep me informed about them," and, "It's clean, well maintained and [person] is well looked after. They ring me straight away if there are any issues."

Using medicines safely

- Medicines administration, storage and disposal was safe. Staff understood their roles. The registered manager regularly assessed their competence. Staff had a good understanding of people's medicines needs.
- The provider had responded to recent support by external agencies regarding medicines administration and made immediate improvements. Staff were able to demonstrate areas of good practice and records were up to date. Where someone required medicines to be administered covertly, this had been considered appropriately and involved the right people.
- Audits and stock checks helped reduce errors but had not always picked up on areas for further improvement. For instance, where one person was receiving 'when required' medicine to help with their anxiety, this had been happening at the same time regularly, but this had not been identified or acted on by staff. The provider committed to reviewing this urgently.

Staffing and recruitment

- There were enough staff to meet people's needs safely. The provider had recently increased staffing to ensure people could receive safe care at all times.
- Staff were recruited safely. There were pre-employment checks to reduce the risk of unsuitable people working with vulnerable people.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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.

Relatives were able to visit loved ones when they liked, in line with current guidance.

Ensuring consent to care and treatment in line with law and guidance

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. The registered manager understood the principles of the MCA. Staff were trained regarding MCA and DoLS. One person who required one did not have a DoLS in place. The registered manager applied for this on the day of inspection and committed to reviewing their tracking system in place, to ensure this would not happen again.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had done some work to increase and improve the accountability of staff. More needed to be done. There were some champions in place, for instance in relation to medicines.
- Auditing and governance systems had not always been fully used to identify patterns and trends. For instance, patterns in anxious behaviour had not been picked up and translated into improved strategies. One recent audit by the provider had scored the service highly in a 'feedback' section despite there being a lack of conversations with people evidenced. Audits or records checked whether records were in place but could do more to assess the impact and quality of those records.

We recommend the provider review governance arrangements to ensure audits have a more meaningful impact on the quality of care.

- Some audits, such as medicines, had improved and were proving effective. The provider had worked well with external professionals to improve their approach to medicines oversight.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities regarding what they needed to notify CQC about. They were less clear on the full implications of the duty of candour, and when they needed to apologise to people if something had gone wrong.

We recommend the registered manager review the duty of candour responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The atmosphere was calm and welcoming. Staff interacted compassionately and warmly with people throughout the inspection.
- People and their relatives had not always been meaningfully involved in the planning of meals, activities and other areas of day-to-day life. The provider had residents and relatives meetings planned again and committed to ensuring people and their relatives would be more involved in planning and decision making. Feedback from people and relatives was mixed in this regard.

- The leadership team had reduced agency usage and had permanent staff awaiting pre-employment checks.
- Staff were positive and respectful with people and had a good understanding of the things they were likely to choose on a day to day basis. More could be done to make the atmosphere more vibrant and inclusive. The provider was aware of this and hoped the recent recruitment of another activities coordinator would help.
- Staff worked well with health and social care professionals. External professionals told us communication was good.