

Wolfe House Limited

Wolfe House Care Home

Inspection report

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Ratings

Overall rating for this service

Good



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?

Good



Overall summary

Wolfe House Care Home provides personal care and support for a maximum of 13 older people, some of whom may be living with dementia. On the day of our inspection 11 people were living in the home.

This was an unannounced inspection that took place on 6 November 2015.

The home had a registered manager. 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 and associated Regulations about how the service is run. The registered manager assisted us with our inspection on the day.

Staff did not always follow correct and appropriate procedures in dispensing medicines and we have made a recommendation to the provider in relation to this.

Staff understood their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Staff followed the correct procedures for people who did not have capacity to make decisions for themselves.

Summary of findings

Care was provided to people by staff who were trained and received relevant support from their manager. This included regular supervisions and undertaking training specific to their role.

Care plans were individualised and contained information to guide staff on how someone wished to be cared for. Information included detail around people's mobility, food, personal care needs and activities. Care plans were reviewed regularly and we read that where people had risks identified guidance was in place for staff to help reduce these risks.

We saw evidence of quality assurance checks carried out by staff to help ensure the environment was a safe place for people to live and they received a good quality of care. Staff were involved in the running of the home as regular staff meetings were held. People were asked for their views about all aspects of their care and could make their own decisions.

There was a relaxed atmosphere in the home where people and staff interacted in an easy-going manner. It was evident staff knew people well. People and relatives were happy with the care provided and they were made to feel welcome when they visited.

There were a sufficient number of staff to care for people. Staff supported people to take part in various activities and arranged activities that were individualised. People were treated with respect and dignity by staff.

The provider had ensured safe recruitment practices were followed, which meant they endeavoured to employ staff who were suitable to work in the home. Staff were able to evidence to us they knew the procedures to follow should they have any concerns about abuse or someone being harmed.

People had care responsive to their needs. For example, one person preferred to spend time in their room and another required a lot of rest in bed and we saw staff provided this. People were provided with a home cooked meal each day and drinks and squash were available for people. Those who had dietary requirements received appropriate food to ensure they were not at risk of choking.

Staff maintained people's health and ensured good access to healthcare professionals when needed. For example, the doctor, optician or district nurse.

Complaint procedures were available to people. There was a contingency plan in place should the home have to be evacuated. Regular fire drills were carried out by staff to ensure they would know what to do in the event of a fire.

There was an open positive culture within the home and it was evident the registered manager had good management oversight and was respected by staff. This was reiterated by relatives we spoke with who told us the registered manager had, "Got it just right."

Summary of findings

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 consistently safe.

Staff did not always follow safe medicines management procedures.

People's risks were assessed and recorded.

The provider ensured there were enough staff on duty to meet the peoples' needs. The provider carried out appropriate checks when employing new staff.

Staff were trained in safeguarding adults and knew how to report any concerns. There was a contingency plan in place in case of an emergency.

Requires improvement



Is the service effective?

The service was effective.

Staff were trained to ensure they could deliver care based on latest guidance and best practices.

Staff had a good understanding of the Deprivation of Liberty Safeguards and the Mental Capacity Act.

People were provided with food and drink which supported them to maintain a healthy diet.

People received effective care and staff ensured people had access to external healthcare professionals when they needed it.

Good



Is the service caring?

The service was caring

People were treated with kindness and care, respect and dignity.

Staff encouraged people to make their own decisions about their care.

Relatives were made to feel welcome in the home.

Good



Is the service responsive?

The service was responsive.

People were supported to take part in activities that meant something to them.

Care plans were regularly reviewed and people were provided with care responsive to their needs.

People were given information how to raise their concerns or make a complaint.

Good



Summary of findings

Is the service well-led?

The service was well-led.

Quality assurance audits were carried out to ensure the quality and safe running of the home.

Staff felt supported by the registered manager and relatives thought the registered manager was good.

Staff and people were involved in the running of the home.

Good



Wolfe House Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the 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 unannounced inspection took place on 6 November 2015. The inspection team consisted of two inspectors.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

On this occasion we did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This was because we inspected this service sooner than we had planned to.

As part of our inspection we spoke with five people, the provider, the registered manager, two staff, five relatives and one social care professional. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink.

We reviewed a variety of documents which included three people's care plans, five staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

We last inspected Wolfe House Care Home in April 2014 when we had no concerns.

Is the service safe?

Our findings

People's medicines records were not up to date which meant staff may not know when people had received their medicines. Each person had a medication administration record (MAR) which stated what medicines they had been prescribed and when they should be taken. MAR charts included people's photographs and there was a signature list to show which staff were trained to give medicines. However, we found there were some signature gaps in relation to people's MAR charts which meant it wasn't clear whether people had been given their medicines or not. For example, one person had four gaps in their MAR chart in the last three weeks. We also found inconsistencies in signatures on the MAR charts, for example where medicines had been handwritten this was not signed by two members of staff.

Guidance for PRN (as needed) medicines was not in place. When people received PRN medicines this was not recorded which meant there was a potential risk people could be given too much medicine. We read in one person's care plan they had been given PRN medicine the previous day, however we found no PRN protocol in this person's care plan and no recording on their MAR to show the PRN had been administered. We spoke with the registered manager about this and were told the PRN medicine had been staff's own and not specific for that person.

Following the inspection the provider provided evidence to us to show they had introduced a PRN protocol and a form to be completed by staff for individuals who used PRN medicines.

We recommend the provider reviews the best practice requirements of safe medicines management within the home.

Risk assessments had been drawn up to help keep people safe. We read risk assessments in people's care plans were around people's mobility, food and fluid and skin integrity. When one person was at risk of falls there was guidance to staff on how to reduce these risks in order to keep the person safe. For example, by making sure they used the correct mobility aids.

Accidents and incidents that occurred were recorded and reviewed by the registered manager in order that they could identify any trends or patterns. Staff were aware of their role in recording accidents and incidents and we read an accident which had happened early on the morning of the inspection had already been written up by staff.

In the event of an emergency the home's contingency procedures would be followed and people's care would continue with as little impact as possible for them. Each person had an individual personal evacuation plan in place and staff carried out regular fire drills both during the day and at night and they knew what to do in the event of a fire.

People were protected from the risks of abuse and harm. Staff had a good understanding of the different types of abuse and described the action they would take if they suspected abuse was taking place. Staff were able to tell us about the role of the local authority in relation to safeguarding. People told us they felt safe in the home.

People were cared for by a sufficient number of staff to keep them safe and meet their individual needs. There were sufficient numbers of staff deployed on the day of the inspection. We saw people were assisted when they needed to be and staff had time to interact in a social way with people as well as carrying out their duties. Staff told us they felt there were enough staff on duty. They said it was a good team who worked well together. Our observations confirmed this. People were supported in a timely way and staff knew their routines well. There was always someone around for people. Two people told us they never had to wait for staff when they needed support.

Staff recruitment records contained the necessary information to help ensure the provider employed staff who were suitable to work at the home. They included a recent photograph, written references and a Disclosure and Barring System (DBS) check. DBS checks identify if prospective staff had a criminal record or were barred from working with adults at risk.

Is the service effective?

Our findings

One person said, “The food is lovely. I’m always happy with the food.” Another person told us, “The best thing is the food.” A relative said they had seen meals being prepared with fresh products and told us, “The food is brilliant.” Another said the food was ‘very good’.

Staff knew people’s dietary requirements and nutritional needs, for example, if someone required pureed food or if they were diabetic. We saw people were able to sit where they preferred to eat their lunch. A choice of drinks were offered to people and staff asked people if they would like a cup of tea following their lunch. We saw people who needed support to eat were receiving this from staff and no one was being rushed. People who preferred to eat in their room were given their food promptly.

People were provided with a range of food. Although there was only one choice for the main meal, people told us they could always ask for something else if they wanted it. The chef had recently introduced a new seasonal menu and the registered manager told us they had discussed this with everyone to obtain their views. We read in people’s care plans the registered manager asked people individually each month if they were happy with the food.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people by ensuring if there are any restrictions to their freedom and liberty these have been authorised by the local authority as being required to protect the person from harm.

Where people may not be able to make or understand certain decisions for themselves staff followed the requirements of the Mental Capacity Act (MCA) 2005. Capacity assessments had been undertaken for individual decisions. For example, we read that some decisions around constant supervision had been made and DoLS applications for this had been submitted.

People were supported by staff who were trained and we did not have any concerns about their ability to carry out

their role. Staff were competent and able to do their duties unsupervised. We read from the training records provided to us that staff were up to date with the provider’s mandatory training requirements. Staff told us they had an induction when they first started working at the home and they shadowed more experienced staff until they were confident to work on their own. Staff said they had undergone training on a range of topics which included safeguarding, health and safety, manual handling and food hygiene.

Staff had the opportunity to meet with the registered manager on a regular basis. This gave them the opportunity to discuss any aspects of their job and for the registered manager to check they were applying their training in practice.

Staff followed guidance in people’s care plans. We read in one person’s care plan, ‘I have special cutlery when I eat’ and we saw that the person had been provided with this to eat their lunch. Where a person was at risk of malnutrition or dehydration we read staff recorded their food and fluid intake. People were weighed regularly and staff told us how, when one person lost weight they involved the GP and dietician to consider ways to ensure this person returned to a healthy weight.

People received effective care. One relative told us their family member had pressure sores when they moved into the home and immediately staff arranged for a profiling bed to be provided for them. Staff ordered creams and with the care of staff and the district nurses the sores healed.

The health needs of people were met. Care plans evidenced the involvement from external health professionals to provide guidance to staff on a person’s changing needs. We read people had involvement from the GP, district nurse, chiropodist and dentist. Staff supported people to remain healthy. We read that one person wished to lose some weight and we heard staff offer this person a healthy pudding which was what the person had requested in their care plan. Everyone had recently had a flu vaccination in preparation for the colder weather. Staff were knowledgeable in the health needs of people.

Is the service caring?

Our findings

One person told us, “Oh crumbs, it’s lovely here. It’s wonderful – nothing is too much trouble.” They added, “It’s a lovely atmosphere here.” Another person said, “The staff are lovely. Everyone is really, really nice. We have a laugh. You can tell staff are nice because of their lovely smiles.” A further person commented, “I have nothing to complain about. All is okay and it’s good. The staff are kind.” A relative told us, “No complaints, it’s a small home which is friendly and very good.” Another told us, “The place is always clean and everyone always seems jolly. Quite happy.” A further commented, “I’m extremely impressed. So well looked after, can’t ask for anything more.” A social care professional told us the staff were ‘very, very caring’ and that the care was ‘excellent’.

It was evident to us staff were very caring. There was good interactions between people and staff and people told us they were happy in the home. We watched staff care for people and it was done with dignity and in a kind way. Where people needed additional support from staff we heard staff speak to people throughout this and tell them what they were doing. We saw staff ensured people’s dignity was maintained by adjusting people’s clothes when they were sitting in their chair. We heard staff using terms of endearments to people when they spoke with them. Staff treated people with respect. We saw staff knock on people’s doors before entering and one staff member told us, “It’s important to respect the people we care for.”

Staff treated people in a kind and observant way. We heard staff speak to people using their first names and taking time to listen to them. We saw people were appropriately dressed and had suitable footwear on. People’s rooms were personalised and we saw that staff had tidied them

and made the beds nicely so people’s room would look welcoming when they returned to them later. People who spent time in their room had their call bell at hand should they need to attract the attention of staff. People were able to have privacy when we wanted it. We saw one person go into another room to have quiet time, away from others.

The home had a good atmosphere and was homely. There was music playing throughout the day and we heard people singing along or tapping their feet to it. We observed a great deal of camaraderie between staff and people. There was a flow of conversation and laughing and people discussed various topics or sat and looked at photographs of events or activities that had taken place in the home. There was good interaction between the people who lived at Wolfe House. We saw two people sitting chatting with each other. One relative told us, “It’s just like a home which is what I like. If my family member was living in their own home they would be doing all the things they do here.”

People could make their own decisions. People said they could get up and go to bed when they wished and we heard staff asking people if they wished to do things. For example, staff asked people if they would like to join in with activities and where they would like to sit. One member of staff told us, “We try to help as much as we can, but it is their (people’s) choice in things.”

Relatives and friends were welcomed into the home and people were encouraged to maintain relationships with people close to them. Relatives told us they always felt welcomed when they arrived at the home. They said they could turn up at any time and bring friends or other visitors with them. We saw pictures showing relatives having been out on an organised trip with people living at the home.

Is the service responsive?

Our findings

One person said, "I never get bored. There's lots going on." Another person told us, "It is always interesting." A social care professional said there was always something going on. A relative told us, "What I really like is that staff go in to my family member's room and sit and chat."

People received care that was responsive to their needs, for example, when they were required to have a lot of bed rest, or needed additional support to keep them independent. People who were vulnerable to pressure sores were provided with profile beds and suitable pressure mattresses.

Care plans were comprehensive and contained monthly assessments of care needs, hobbies, past life and interests, food and weight information. The information contained in the care plan gave staff clear details about people and the care they needed. It covered people's preferred daily routine and individual preferences. One person was aware of their care plan and felt involved in making decisions about the care they wished to receive. Relatives told us they were involved in their family member's care plan reviews.

As the home was small staff were very knowledgeable about people and their care needs. Staff were able to describe to us why people had come to live in the home and because staff talked to each other they were aware of the latest information about people.

Daily records were kept for people which meant staff recorded how people were, what sort of mood they were in, how they had eaten and what personal care was provided. The daily notes were comprehensive. People who required to be repositioned regularly or checked at set periods of time during the day and night had separate logs filled in by staff and we read these. They were completed fully with no gaps, meaning people received the attention they required.

Staff made people feel they mattered as they arranged activities that everyone could participate in. During the morning staff played a game with people. We saw staff ensured each person was included and they praised and encouraged people as they took part, congratulating them when they achieved a good score. Everyone was involved and watching as people took their turns and staff ensured the pace of the game was such that people didn't lose interest. Although we saw an activities board displaying the day's activities, we found staff chose activities during the day based on people's requests. During the afternoon, people were playing cards or board games and staff encouraged everyone into the dining area to participate.

People's individual preferences were met. One person was a practising Christian and staff supported them to attend church each week. Others liked to knit and we saw pictures of them sitting in the dining room knitting. The registered manager told us they always took the time to have a one to one chat with people every day and talked about the activities on offer. Other activities included a monthly opera singer and pet therapy. A relative told us their family member was encouraged to participate in the activities but if they decided to stay in their room staff would sit and have a chat instead.

Staff supported people to continue to participate in important events. For example, we read people were supported to vote in elections and noted poppies had been brought in for everyone to wear on Remembrance Sunday.

People were provided with information on how to make a complaint or comment on any issue they were not happy about. There was a complaints policy available. There was a complaints log in the home but no formal complaints had been received. A relative told us, "I don't personally have any complaints."

Is the service well-led?

Our findings

Relatives were happy with the care provided by staff. One relative said, “The (registered) manager is very good.” Another told us, “Not much to fault. If anything happens I’m always informed.” A further commented, “I think the (registered) manager is excellent. Staff know where they are with her. She has got the balance just right. She is caring, but has their respect.”

One member of staff told us, “The (registered) manager is very approachable and listens all the time.” They said the registered manager and the provider knew people well.

Staff were involved in the running of the home. We read regular staff meetings were held and these were used as an opportunity to cascade information from the provider to staff, discuss any aspect of the home and for staff to contribute by making suggestions for improvements. Staff told us they felt comfortable speaking up at these meetings. The registered manager said as it was a small staff team, staff spoke on a daily basis. Most staff had worked in the home for some time, with very low staff turnover so it was a stable, consistent staff base.

Relatives were able to make suggestions and become involved in the home and they were listened to by the provider. We read comments such as ‘very welcoming place’ and ‘staff communicate well with my relative’. We read relatives had commented on the hilly back garden and the lack of a safe patio and garden area for people. The provider told us they had just received planning approval to undergo improvements to the home, one of which was to level the back garden.

Regular newsletters were produced to keep people and relatives updated with the provider’s plans for improvements to the home, activities that had taken place and inviting suggestions for future activities or outings.

There was an open culture in the home. We heard the registered manager check with staff that tasks had been carried out and saw staff worked together to ensure people obtained the support they needed. One member of staff told us “It is good. It’s a small home with a homely atmosphere. People are like friends as they are familiar with each other.” This was evident to us on the day.

The registered manager was aware of their responsibilities and had a good management oversight of the home. Registered bodies are required to notify us of specific incidents relating to the home. We found when relevant, notifications had been sent to us appropriately. The registered manager was visible throughout the day and supported staff in their role when needed and interacted with people in an easy manner showing us they were very much involved in the daily running of the home.

Quality assurance checks took place to help ensure a good quality of care was provided and the environment was a safe place for people to live. For example, we read regular health and safety audits, fire assessments, water temperatures checks and environmental audits were completed. Room by room daily checks were carried out and recorded by the fire marshal for the day. These checks included ensuring fire doors, corridors and stairs were free from obstructions. We saw actions from audits were carried out by staff. For example, we read following a fire assessment staff had arranged more regular fire drills.

We saw the food standards agency had carried out an inspection and read actions had arisen from this. We spoke with the registered manager about this who told us the issues had been addressed and the agency was satisfied with the actions at their follow-up visit.