Mr & Mrs J H Macey

The Wedge Residential Home

Inspection report

8 Park Road
Hayling Island
Hampshire
PO11 0HU

Tel: 02392465225
Website: www.haylingwedge.co.uk

Date of inspection visit:
22 March 2016

Date of publication:
25 April 2016

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 22 March 2016 and was unannounced.

The Wedge Residential home is a care home that does not provide nursing. It provides support to up to 20 older people, some of whom are living with dementia. At the time of inspection 20 people were living at the home.

A registered manager was in place. 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.

The registered manager was unable to demonstrate that all medicines were stored safely and in line with the requirements of law. Records of people's care were not always accurate and reflective of people's needs. Systems to monitor the quality of care plans and medicines were not in place to drive improvements.

People told us they felt safe at the home and staff had a good understanding of their roles and responsibilities in protecting people from abuse. They knew what to look for and the action to take if they were concerned. Staff were aware of risks associated with people's care and knew the action to take if the risks presented.

Staffing levels were sufficient to support people safely and in a calm, professional manner. Recruitment processes were in place to make sure only workers who were suitable to work in a care setting were employed. Staff received training and supervision to make sure they had the skills and knowledge to support people.

Staff were aware of the need to gain people's consent and to respect the decision they made. Where people lacked capacity to make certain decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests, although records of this were not clear. The Care Quality Commission monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the home to be meeting the requirements of the Deprivation of Liberty Safeguards.

People were supported to eat and drink enough to maintain their health and welfare. They were able to make choices about their food and drink, and meals were prepared appropriately where people had particular dietary needs. People were supported to access healthcare services as they needed.

People had developed good relationships with staff who were kind and caring in their approach. People were treated with dignity and respect. Staff actions promoted and encouraged people's independence. They were encouraged and supported to be involved in making decisions about their care and day to day

life.

The home had an open, friendly atmosphere in which people were encouraged to make their views and opinions known. The manager operated an open door policy and encouraged staff and people to make suggestions or discuss any issues of concerns. No complaints had been made but everyone knew how to raise one if needed and were confident they would be taken seriously.

We found breaches in three of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were not always managed safely and records regarding risks to peoples care were not always accurate. However, staff were aware of the risks associated with people's needs, how to monitor for the risks and the action to take if the risk presented.

Staff understood their responsibilities in safeguarding adults at risk.

There were sufficient staff to support people safely, and the provider undertook checks to make sure staff were suitable to work in a care setting.

Is the service effective?

Requires Improvement

The service was not always effective.

Staff received training, support and supervisions to understand their role and meet the needs of people.

Consent was not always obtained from an appropriate person. Staff understood the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. Decision recording practices needed improvement. People were supported to make their own decisions and staff respected these.

People were satisfied with the food they received and were supported to maintain a balanced diet. Other healthcare professional involvement was requested and supported when needed.

Is the service caring?

Good

The service was caring.

People told us they were very happy with the care and support they received. Staff had a good understanding of people's needs and knew them well.

People were involved in making decisions about their care and staff took account of their individual needs and preferences.

People's privacy and dignity was respected by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staff knew people's needs well. People told us they were happy with their care. They were involved in making decisions about their support and staff responded to peoples changing needs. However, plans of care were not always personalised.

No one had any complaints and none had been received in the last year. Everyone knew how to raise a complaint if needed.

Is the service well-led?

Requires Improvement

The service was not always well led.

Records were not up to date and an accurate reflection of people's needs. Systems to monitor the quality of care records and medicines were not in place to drive improvement.

The registered manager was described as open and approachable. Staff were confident they could talk to them at any time and would be listened to. They were confident appropriate action to resolve any concerns would be taken.

The Wedge Residential 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 inspection took place on 22 March 2016 and was unannounced. One inspector carried out the inspection.

Before the inspection, the provider completed 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. We also reviewed previous inspection reports and looked at notifications sent to us by the provider. A notification is information about important events which the service is required to tell us about by law.

During our inspection we observed how staff interacted with people who used the service and supported them in the communal areas of the home. We looked in depth at the care records for three of the 20 people who lived at the service and sampled the records for a further two people. We looked at the medicines records for seven people. We also looked at accident and incident records, staff recruitment, training and supervision records. We reviewed a range of records relating to the management of the service such as complaints, records, quality audits, policies and procedures. We spoke with two people and three relatives to ask them their views of the service provided. We spoke with the registered manager and four members of staff. We also spoke to an external healthcare professional.

The last inspection of this home was in August 2014 when no concerns were identified.

Requires Improvement

Is the service safe?

Our findings

Observations of interactions of staff showed people were comfortable and relaxed with staff. Everyone we spoke with provided consistent views of feeling safe and relatives felt their family members were safe and well cared for. A visiting healthcare professional told us they felt the service was safe. They said staff knew everyone well and were knowledgeable of people's needs.

Medicines trolleys were locked and held in a locked room. However the registered manager was unable to confirm that medicines that are required to have specific storage facilities were stored in line with the Misuse of drugs (Safe Custody) Regulations 1973. Most liquid medicines including eye drops were dated, although we did find some bottles had not been dated when opened. In addition, we also found a loose tablet inside a medicines cabinet. The registered manager was able to determine what this medicine was and disposed of this appropriately. However they could not confirm when this had happened and were not aware of this until we pointed it out to them. Staff were able to tell us how people liked to have their medicines, however the registered manager and staff confirmed they did not have care plans which provided detail about how people had their medicines administered. Records of "as required" medicines were documented on the MAR sheets, including the name, dose and times these were administered. However the registered manager confirmed there were no care plans or guidance in place for 'as required' medicines, which provided staff with information about when the medicine may be needed, how staff would recognise this, how they would monitor the effectiveness of the medicines and when they may need to consider a health care professional review the medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following a previous medicines error the registered manager had changed the system used for administration of medicines. Tablets and capsules were mainly administered from blister packs, colour coded to the medicine administration records, which also contained pictures of what the tablet looked like. Since introducing this there had been no further medicines administration errors. Only staff who had received training and a competency assessment were able to administer medicines. The registered manager confirmed they had increased the frequency of these assessments to every three months since the medicines error. Records showed medicines were administered as required and there were no gaps in the recording of medicines. Our observation of the medicines round showed people were given the medicines they were prescribed and asked for their consent prior to these being given. Staff administered medicines in a professional and unhurried manner.

Staff knew people well and were aware of the risks associated with their care and support. Where the home felt they required additional support from external professionals this was sought. For example, the district nursing team provided support to one person who had a diagnosis of diabetes. They visited this person every day to support them with this health condition. The care records gave very little instruction about this condition for staff and the action they could take. However staff were able to tell us about the action they could take to reduce the risks associated with this condition, including encouraging a healthy diet and monitoring the person for any complications. For a second person whose records showed they were found on the floor on several occasions, a referral had been made and an external professional had undertaken a

full assessment of their risk of falling. They had provided recommendations as a result of this that staff were aware of and had actioned.

Staff were able to tell us what they did to reduce other risks for people, including assessing risks of falls, ensuring people had the appropriate mobility aids to hand and using alarm mats to alert staff when people who were a high risk of falling were moving . We saw where risks were identified such as risks associated with skin integrity, action had been taken to ensure the appropriate equipment was in place to minimise the risks of people developing pressure sores, including the use of air flow mattresses and pressure relieving cushions. Staff were able to tell us how the setting of pressure mattresses should be determined and the need to check these regularly.

The provider had policies in place which provided guidance to staff about the action to take if they suspected abuse. Staff understood their responsibilities in safeguarding adults at risk and had received training to support this understanding. They were able to describe the different types of abuse and told us they would not hesitate to raise concerns with the manager, whom they were confident would listen and take appropriate action. They also said if they had concerns the manager was not acting appropriately they would raise concerns with the Commission or Social Services.

The provider did not use a dependency tool to assess the level of staffing needed to meet the needs of people living at the home. The registered manager told us about the staffing levels they supplied and we saw this had been consistently provided. The provider did not use agency staff, instead using existing staff to cover vacant shifts. Staff spoken to felt there were enough staff to meet people's needs. When asked one said "Yes, there are. No doubt about that". Staff also confirmed that when they had raised suggestions about increasing staffing levels this was listened to and the registered manager made the changes. Our observations showed staff responded quickly to people's needs and requests. Staff did not appear rushed throughout our inspection and appeared to have time to spend with people.

Recruitment records showed that appropriate checks had been carried out before staff began work. Potential new staff completed an application form and were subject to an interview. Following a successful interview, recruitment checks were carried out to help ensure only suitable staff were employed. Staff confirmed they did not start work until all recruitment checks had taken place.

Requires Improvement

Is the service effective?

Our findings

People told us staff asked their permission before providing care and always checked they were happy with this. One person told us the staff were "brilliant", describing them as knowledgeable of people's needs.

On commencing employment, all staff underwent a formal induction period. During this time the registered manager confirmed new staff were required to complete the Care Certificate. The Care Certificate familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life. Staff shadowed more experienced staff until such time as they were confident to work alone. The staff we spoke with felt they were working in a safe environment during this time and felt well supported. One staff member told us, "I'd never done this type of work before so I did a lot of shadowing. I thought the induction was really good".

A staff training database was in place, which monitored the training undertaken by all staff. Training was provided in a number of areas including infection control, moving and handling, safeguarding of people and the Mental Capacity Act 2005. Other courses included the administration of medicines, nutrition and palliative care. Staff spoken with said there was always some training taking place and they found it to be useful and helped them in their role. Staff also confirmed the provider supported them to gain further vocational qualifications in health and social care. The registered manager and senior staff spent time observing staff's working practices. This took place formally on a three monthly basis and staff received feedback following these. Staff appraisals had been undertaken and staff spoke positively about the process. They said they felt these sessions supported them but they also confirmed they were able to talk to the registered manager at any time.

The Care Quality Commission monitors the operation of Deprivation of Liberty Safeguards (DoLS). 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 were able to describe the importance of gaining people's consent and our observations demonstrated staff sought people's consent before acting. We saw how staff respected people's right to make their own decisions. For example, one person told us how they chose to remain in their room, they said staff encouraged them to join others in the communal area but respected their decision not to. Where people

were able we saw they were asked to consent to their care plans. However, where people might not be able to provide this consent, the service had requested a family member who did not have the legal authority, to sign this consent. For example, one person's records stated they had been assessed as unable to make informed decisions and that their advocate had provided consent. The advocate was a family member who did not have the right to make decisions about health and welfare nor independently act as an advocate. For a second person whose records stated they may need help to make decisions that affect their life, consent had been provided by a family member who did not have the legal authority to make decisions about health and welfare nor independently act as an advocate.
Failing to ensure consent was gained from an appropriate person was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Staff were able to describe the Mental Capacity Act (MCA) 2005 and understood its purpose. People and relatives told us staff encouraged people to make their own decisions as much as they were able to. Staff described and relatives confirmed best interests discussions took place. Relatives were consulted about aspects of their family members care and said they felt they were kept informed. However records did not reflect that assessments in line with the MCA 2005 had been completed or that these best interests discussions and decisions took place. The lack of clear, accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager demonstrated knowledge of Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities in relation to this. They confirmed applications to the supervisory body had been made for some people living in the home and were waiting for these to be reviewed.

People spoke positively about the meals they were provided with. The cook had a good understanding of people's nutritional needs and preferences. They described what they did to ensure dietary needs were met and said they relied upon care staff to keep them informed of any changing needs for people. The cook told us people could eat what they wanted and snacks were available should people want these as well. The cook had completed training to support them to ensure they were able to cater for people's individual needs. They described how they fortified foods where needed and how they ensured the right consistency was provided. Written information was available in the kitchen and for all staff to ensure people received foods to meet their needs. For example, we observed staff following a sign in the kitchen when giving a person an afternoon drink and snack. People's nutritional needs were monitored at least monthly using the Malnutrition Universal Screening Tool (MUST). 'MUST' is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition, or obese. Staff knew people well, they demonstrated they understood their nutritional needs. They talked about action they would take to meet these needs if they were concerned, including fortifying meals and discussing concerns with other healthcare professionals.

People had access to a range of healthcare professionals including community nurses, dentists and GPs. Everyone we spoke with told us if they needed to see a GP staff made these arrangements promptly. A healthcare professional spoke positively about the service and said staff always had the information to support their visits.

Good

Is the service caring?

Our findings

Everyone we spoke with only had positive things to say about the care they received, the staff and the home. One person using the service told us, "They all have a nice way about them, everyone is easy to talk to." One relative told us, "The staff are amazing....They really do care". A healthcare professional told us how staff demonstrated a caring approach and always promoted people's dignity and privacy.

The home had a long standing staff group and did not use agency staff. It was apparent staff knew people well and treated people with kindness and compassion. Staff were cheerful and the atmosphere at the home was relaxed. Staff were seen to be caring. Observations showed staff treating people with kindness and affection. During conversations with people, staff spoke respectfully and in a friendly way. They chose words that the people would understand. Staff explained what they were doing and why. They used people's preferred form of address and got down to the same level as people and maintained eye contact. Staff spoke clearly and repeated things so people understood what was being said to them. They treated people with dignity and respect and people felt listened to. One person told us how staff always asked them how they were, want they wanted and checked with them that they were happy with the care they were getting.

Staff demonstrated a good understanding of the need to respect people's dignity and privacy. They were able to tell us how they ensured doors were closed and curtains were drawn when supporting with personal care. Staff were discreet when offering support.

Staff recognised the importance of encouraging people's independence. One told us "We try really hard to keep people independent, we encourage them to make their own choices and do what they can for themselves...It's so important". Observations showed people being encouraged to maintain their independence, including when moving around the home and engaging in activities.

The registered manager told us about resident meetings although they did say that these did not take place at regular set intervals as they regularly had informal chats with people. People, their relatives and representatives told us they were involved and able to make suggestions about the service. They told us the registered manager was always available to talk to and often asked them how they were finding things in the home.

Requires Improvement

Is the service responsive?

Our findings

People and their relatives told us they felt welcomed into the home and were asked for their views about the care provided. A relative said "I would want to live here, they are very on the ball". A healthcare professional told us they felt the staff and service were person centred, understood people's needs and were responsive to changing needs. They said the service made referrals at appropriate times and always acted upon advice they were given.

Staff had a good knowledge of person centred care and were able to tell us what this meant. They knew the people they cared for and the support they needed. They were able to explain what care and support was required for individuals. People and their relatives told us they were involved in decisions about care all the time. Relatives and people described the home as like a family. People were confident staff knew how to support them and knew their preferences.

Care records included information about people's history, including their personal and medical history. Information about people's likes and dislikes was also maintained.

Each person had a plan of care developed following an assessment of their needs. The provider used a computerised system which pre-populated the care plans following completion of the individual assessment. Whilst the assessments were individualised and identified needs were met, the pre-populated care plans had not always been amended to reflect this. For two people the care plan regarding their nutritional needs was worded exactly the same and had not been personalised. For one of these people the assessment regarding their nutritional needs had been reviewed following some weight loss. This gave staff information about how to meet the person's needs and staff were able to describe this, however the care plan did not reflect this and staff told us the pre-populated care plan had not been amended. The relative confirmed the action staff were taking to support this person effectively. For a second person some care records contained information about how their mobility was impaired and the support they needed, however the mobility care plan did not contain this information.

The lack of detailed and accurate records placed people at risk of receiving care that did not meet their needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

However, we also saw plans of care which contained information about people's needs, their likes, dislikes and preferences. For example, night care plans detailed the time people preferred to go to bed and the drink they preferred to have at this time.

Activities were available in the afternoons for people. On the day of our visit, people were involved in making and decorating Easter trees. One person told us how they had spent time the day before making ornamental eggs for these trees. People were given the choice of joining in activities and were encouraged to participate. Those who took part told us they enjoyed the range of activities.

The service had a complaints procedure which people were aware of. People knew who to talk to if they had a complaint and said they felt comfortable and confident to do so. No one we spoke with had any concerns. Staff knew how to support people to make a complaint and said they felt confident the new manager would listen and act on these. The registered manager confirmed no complaints had been received in the last year.

Requires Improvement

Is the service well-led?

Our findings

Everyone we spoke with felt the service was well led and said this was due to the registered manager. People described the registered manager as open, approachable and as someone who would act on any concerns. No one had any concerns about the service.

Records were not always consistent and accurate. For example, two people's records stated that deprivation of liberty (DoLS) applications had been made and that these had not been granted. However, this was pre populated information that had not been amended to reflect people's needs. Applications had been made, however these had not yet been reviewed by the supervisory body. Staff knew this but the records were not accurate. The registered manager and staff demonstrated a good knowledge of the Mental Capacity Act (MCA) 2005, however where DoLS had been applied for they confirmed this was for people who lacked capacity but there was no record of a mental capacity assessment having been completed. Whilst identified risks for people were known and managed, records providing clear guidance to staff were not comprehensive and lacked instruction for staff. There was a stable team of staff working at The Wedge Residential Home and staff told us they did not use agency workers to cover any shifts. This meant staff had built up relationships with people over time and knew them well. However, the lack of clear, accurate and contemporaneous records was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed that they did not carry out any audits of care plans but that these were reviewed monthly. We noted that the reviews had not identified the concerns with the records that we had. An effective audit would have identified these and supported the registered manager and staff to ensure care records were improved on where needed. The registered manager confirmed that besides the monthly checking in of medicines, no medicines audits were undertaken. We identified concerns regarding the management of medicines including opened and undated bottles of medicines, a lack of medicines care plans and a lack of 'as required' protocols. An effective audit would have identified these and supported the registered manager and staff to make improvements where needed.

The failure to ensure systems to monitor quality were implemented and effective was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations.

The provider used a variety of systems to gain the view of others. They undertook surveys with people to gain their feedback and check they were satisfied with the service they received. The September 2015 summary of feedback received showed people were satisfied with the service. The registered manager confirmed people were given a copy of the summary and this was discussed with them. We noted that the feedback also reminded people they did not need to wait for the questionnaires to make requests and that these could be made at any time. People and relatives confirmed they felt they could make suggestions and would be listened to.

People, their relatives and staff told us the manager took a hands-on approach and was open and approachable. Everyone felt comfortable to talk to the manager and confident action would be taken if they

had any concerns or suggestions. Regular meetings with staff took place and staff were able to contribute to the meeting and to make suggestions of importance to them. The staff we spoke with felt meetings were held in an open and honest manner in which they could share ideas and raise concerns. However, staff also stated they did not feel they needed to wait until formal meetings to raise concerns or make suggestions. They said the registered manager was always available and easy to talk to.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person had not ensured that consent was obtained from an appropriate person. Regulation 11(1).

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The registered person had not ensured medicines were managed safely. Regulation 12(2)(g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Service user records were not always accurate and complete. Systems were not in place to monitor quality of care records and medicines management. Regulation 17(2)(a)(b)(c).