Bingley Wingfield Care Limited

Bingley Wingfield Nursing Home

Inspection report

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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?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected Bingley Wingfield on 3 July 2017 and the inspection was unannounced. At the previous inspection in April 2016 we identified two breaches of Regulation relating to person centred care and good governance. At this inspection, we saw action plans were in place to improve person centred care and some improvements had been made which meant the service was no longer in breach of this regulation. However, we found further shortfalls in relation to the safe management of medicines and a continued breach of the regulation regarding good governance which needed to be promptly addressed.

Bingley Wingfield provides accommodation and nursing care for up to 44 people at any one time. At the time of inspection there were 32 people living in the home. Accommodation is spread over three floors with a number of communal areas and outside space including an enclosed garden area. 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.

People felt safe living at the service and safeguarding processes were in place. Assessments to mitigate risks to people had been completed but some required updating to reflect current needs. The provider had identified and commenced work to address this. Accidents and incidents were documented with actions taken to reduce the risk of recurrence.

There were not always sufficient numbers of staff deployed at peak times where interactions were mostly task focussed. However, robust recruitment processes were undertaken to ensure staff were safe to work with vulnerable people.

The premises was mostly managed safely and a number of improvement plans were underway. However, we saw water temperature checks had not been undertaken recently although the registered manager put plans in place to address this following our inspection.

Some improvements were required with the safe management of medicines, particularly regarding documentation. As a result we were unable to confirm all people received medicines as required.

A range of training was in place to equip staff with the necessary skills to provide effective care and support. Staff were subject to regular supervision, discussions and annual appraisal. Staff said they received good support from the registered manager and provider. Meetings were in place to discuss updates, concerns and highlight areas for improvement.

The service was acting within the legal framework of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). People were supported to make choices although better evidence of consent and involvement in care planning and reviews needed to be documented. The provider had identified this and

work was underway to improve this documentation.

People's dietary needs were met although more better documentation of who had received meals was required by the kitchen staff.

We saw people were treated with dignity and respect and staff knew people's care and support needs. Some caring interventions were observed.

Care records had been audited and an action plan was in place. Newer care plans contained more person centred information. However, actions needed to be taken to involve people and/or relatives in decisions and reviews relating to care and support. This had been identified by the provider and work was underway to address this.

A good range of activities were available to people either on a group or one to one basis, according to their choice. The service enjoyed input from a volunteer group to enhance the activities programme.

Complaints were seen to be taken seriously and managed appropriately.

People and staff praised the management team who were a visible presence in the home and committed to service improvement. Systems and processes were in place to assess and monitor the quality of the service. Although some of these had identified areas for improvements, we found other areas had not been identified prior to our inspection.

We identified three breaches of Regulation relating to safe management of medicines and good governance. 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.

Improvements were required with medicines management and documentation.

People felt safe living at the service.

There were not always sufficient numbers of staff deployed, particularly at peak times. Staff were recruited safely.

Is the service effective?

Good

The service was effective.

The service was working within the principles of the Mental Capacity Act (MCA) 2005.

A training matrix was in place. This meant staff were trained in the required skills to offer people effective care and support.

People enjoyed a varied and nutritious diet.

People had access to a range of health care professionals.

Is the service caring?

Good

The service was caring.

The service had a warm, caring and inclusive atmosphere.

People told us staff were caring and knew them and their carer and support needs.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Some care records and reviews required updating and more evidence of involvement from people and/or relatives was required. This had been identified by the provider and work was

in progress to improve this.

Complaints and concerns were investigated and actions taken.

A good range of activities were on offer according to people's choice.

Is the service well-led?

Requires Improvement

The service was not always well led.

A range of audits were in place. However, these had not identified some of the issues we found at inspection.

Staff praised the management team and they were committed to making improvements to the service.

Regular meetings were in place for people living at the service and staff. Surveys were completed and actions taken as a result of feedback.

Bingley Wingfield Nursing 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 was planned to check 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.

Our inspection of Bingley Wingfield Nursing Home took place on 3 July 2017 and was unannounced.

The membership of the inspection team consisted of two adult social care inspectors 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. The expert-by-experience used on this occasion had experience in older people and dementia care.

Prior to the inspection we reviewed the information we held about the service. This included reviewing notifications received from the provider and contacting the local authority safeguarding and commissioning teams. As part of the inspection planning we asked the service 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 had been returned in a timely manner and we took the information within the PIR into consideration when making our judgements.

During our inspection we used a number of different methods to help us understand the experiences of people who used the service. We spoke with six people who used the service, five relatives, three care workers, the catering manager, the activities co-ordinator, the registered manager, the provider and a visiting health care professional. We observed care and support in the communal areas of the home and carried out a Short Observational Framework for Inspection (SOFI). SOFI is used to observe care, support and interactions with people who use the service who may not be able to speak for themselves. We looked at four people's care records, some in detail and others to check for specific information. We also reviewed

medication records and other records which related to the management of the service such as training records and policies and procedures.

Requires Improvement

Is the service safe?

Our findings

Medicines were administered by registered nursing staff who had received training in medicines management. However, we saw medicine competencies were not undertaken to check staff retained the skills and knowledge to give medicines safely. We saw the provider had identified this through quality assurance processes and a plan was in place to address this.

We saw evidence most people received their medicines as prescribed; however, this was not consistently so. In some cases we were unable to confirm whether people had received their medicines because documentation was not always robustly completed. For example, we looked at one person's medicine administration record (MAR) who was prescribed eye drops to be given four times a day. The MAR was poorly completed and did not provide evidence the person had received these medicines as prescribed. Some people had recently been prescribed antibiotics to be given for a seven day period. However, we saw gaps on their MARs showing they had not consistently received them as prescribed and evidence some doses had been missed. Some other people's MAR charts had gaps where we could not establish if medicine support had been provided. We raised this with the nurse on duty. In some instances they could not explain the gaps. In others they said people had refused or been too unwell to take their medicines but told us this had not always been documented.

The nurse told us a number of people refused their medicines on occasions. We saw where the code 'R' for Refused was used, the reason why was not always recorded. National Institute for Health and Care Excellence (NICE) guidelines 'Managing Medicines in Care Homes (2014)' state that care home staff should record the circumstances and reasons why a resident refuses a medicine.

A system was in place to record stock balances of boxed medicines on a daily basis. However, this was not consistently completed by staff. Although we were able to account for most medicines, we found a couple of instances where the number of tablets in stock did not match with what records stated should be present, meaning we could not confirm whether these people had received their medicines as prescribed.

The recording of topical medicines such as creams was not done in a consistent manner. Clear records were maintained for some topical medicines given by nursing staff; however where care staff administered topical creams there was no satisfactory record of administration. We raised this with the registered manager, who agreed this was not taking place. They demonstrated to us they had identified this and were rolling out training to care staff to ensure better recording in the future.

This was a breach of Regulation 12, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some people were prescribed medicines which needed to be given at certain times such as before food. Arrangements were in place to ensure these were given correctly.

Protocols were in place to support the administration of 'as required' (PRN) medicines to ensure they were given in a safe and consistent way.

Medicines were stored safely within a locked medicines trolley or fridge at the correct temperature.

Some prescription medicines contain drugs which are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drugs were stored correctly and appropriate records of their administration were kept. People received these medicines as prescribed.

Recent medicines management audits had been completed by a local pharmacy and an action plan had been produced which the home was working through. The registered manager told us they had not completed any recent medicine audits but would be commencing these shortly. We concluded increased checks on MAR charts were required to improve the quality of the recording.

People told us they felt safe living at the home. One person said, "I do (feel safe); the staff are wonderful in all ways", another commented, "I feel safe. It's fine", and a third person told us, "I feel safe here, yes." Relatives told us they felt people were safe at the home and a person's relative commented, "Yes (person) is safe."

Staff we spoke with confirmed they had received training in safeguarding vulnerable adults and were able to explain what they would do if concerned about potential abuse. They said they were confident people were safe from abuse living in the home. Appropriate safeguarding referrals had been made and accidents/incidents were documented with actions taken.

Assessments were in place to keep people safe and mitigate risk. However, some of these required review or needed updating to ensure all information remained relevant. We saw the service had an action plan in place to review and update these. We saw some reviewed assessments were up to date and relevant to people's specific needs.

We looked around the premises and found on the most part it was safely managed. An on-going programme of refurbishment was taking place. Since the last inspection we saw further progress had been made in updating areas of the building. For example, a new and improved treatment room had been created.

There was communal space for people to spend time including several lounges and a dining room. It had been identified that further dining facilities were required and plans were in place to create an additional dining room on the ground floor. We saw there was a garden area which was fully enclosed for people to enjoy safely. This contained trays of new plants ready to be planted and brightly coloured accessories including tables, seats and umbrellas. Some bedrooms were en-suite whilst others were not. We identified there were no usable toilet facilities on the first floor of the home with a sign on the bathroom door indicating it was 'out of order'. We saw this was being used as a store room. We asked a care assistant how the people on this floor who did not have an en-suite could be offered the toilet at night. They told us they would have to use a commode. However, this reduced the options available to people within this area of the building.

We saw people were encouraged to personalise their bedrooms with ornaments, photographs and pictures on the wall. We asked people if they were happy with their rooms. One person commented, "Yes, they arranged the room for me, how I wanted it."

Window restrictors were in place to provide security and reduce the risk of people falling from windows.

Checks were undertaken on most of the key safety systems and equipment within the building which included fire, gas, electric and equipment such as hoists. However, we found water temperatures had not been monitored in 2017 to ensure thermostatic mixing valves were set correctly, to help protect people from

the risk scalding. Following our inspection, the registered manager sent us evidence of this being put in place with safety checks to ensure monitoring was done consistently. This showed us the service had taken immediate steps to rectify, however, this should have been identified at audit. An up-to-date fire risk assessment was in place and the provider was also in the process of commissioning a more in depth fire assessment by specialists. People's care records contained personal emergency evacuation plans and a copy of these were kept in a folder in the service office.

We spoke with two care staff about the way they had been recruited to the service in the last 12 months. They told us robust recruitment procedures had been followed. These included attending an interview, providing references and waiting for a Disclosure and Baring Service (DBS) check to be undertaken before starting work. Our examination of staff recruitment records confirmed appropriate checks took place including additional checks on qualified staff current registration with the Nursing and Midwifery Council (NMC).

We observed staff were stretched, particularly at busy times during the morning. This meant staff were not always able to spend quality time with people and some interactions were task focussed. For example, we observed during the morning, staff walked through the communal areas without engaging with people, or were task focussed, such as assisting a person to their chair in the lounge and then leaving the room. Some staff expressed concerns to us about staffing levels and the use of agency staff. The registered manager explained where agency staff were utilised, they used the same agency and requested the same staff wherever possible. On the day of our inspection, we saw two agency care staff and one new member of staff were on duty during the afternoon shift. This meant people were not being offered care and support from staff who they knew well. We spoke with the registered manager who told us this was due to unforeseen sickness and assured us this was an isolated incident. Our review of staff rotas confirmed this and showed us regular and consistent staffing levels were achieved. The registered manager told us they were in the process of recruiting new staff which would also reduce the use of agency staff.

Since our last inspection the provider had introduced a dependency tool to ensure safe staffing levels were maintained. However, some people and their relatives also expressed concerns about staffing levels. A relative told us, "A (person who lived at the service) was desperate for the loo; there was no-one in the room. (Person) was desperate and I went to get a staff nurse." During the inspection we also found we had to find a member of staff to assist another person who was sitting in one of the lounges during the afternoon who needed to use the toilet. Although staff came immediately to assist the person, we were concerned how long they would have had to wait if we had not intervened. One person told us, "Sometimes there isn't enough staff" and a relative commented, "They have to wait quite a while at times (for help or care) because they are stretched. They have little time to get things done but generally they are very caring."

This was a breach of Regulation 18, Health and Social Care Act (Regulated Activities) Regulations 2014

Good

Is the service effective?

Our findings

People told us staff appeared well trained and knew how to offer effective care and support. One person commented, "Yes (staff are well trained), there seems to be continuous training."

Staff we spoke with said they had received excellent training and support which had given them the right skills and training to undertake the role. Two new staff members we spoke with told us they had undertaken a period of shadowing and were shown how to use equipment in the home. The registered manager confirmed the induction process consisted of theory based training and a supernumerary week shadowing an experienced member of staff, which could be extended if required. One new care worker showed us they were completing the Care Certificate. This is a government recognised training programme designed to equip people new to care with the required skills for the role.

The service had a training matrix in place which identified what training had taken place, what was due and the date by which training needed to be completed. Most training was up to date and we saw reminders had been sent to staff about completing training which was overdue. Training was completed annually on-line once initial face to face training had been done. This included subjects such as moving and handling, safeguarding, infection control, food hygiene, fire safety and the Mental Capacity Act (MCA).

The service had procedures in place for annual staff appraisal and regular supervision and discussion meetings which included training and development needs, action plans and discussions about any concerns. In additional, themed supervisions were held with staff on specific topics such as use of pressure relieving cushions.

People had access to a choice of sufficiently nutritious food. Kitchen staff were employed who worked from 7am to ensure food could be prepared throughout the day. At breakfast time, people had choices of cereals, toasts or a cooked option. The lunchtime and evening menus were currently in the process of being changed. However, we saw people had access to a variable and suitable diet. At each meal there were usually two options available and if people did not like these further options were offered. One person told us, "At lunch we get a choice and at breakfast." They went on to tell us how the kitchen staff came daily to ask what people wanted to eat and there was a good choice available. We saw the menu was on display in picture format in the downstairs dining room and kitchen staff came around the lounge areas with a large pictorial menu for people to make their meal choices. Fresh cakes and desserts were prepared each day. Fruit was available to people and biscuits and drinks were provided throughout the day. A system was in place to ensure the kitchen was aware of people's specific dietary needs such as those who required a softer consistency or low sugar desserts.

We observed the lunchtime meal downstairs and found it to be a pleasant experience. Music was playing in the background and the activities co-ordinator provided prompt support to anyone who needed assistance. Tables were set and people were provided with plate guards to preserve their dignity. However, we did note there were no condiments on the table at lunchtime.

Where people were nutritionally at risk, action was taken to help ensure they received sufficient calories. For example, some people's food was fortified with extra butter and cream. Milkshakes were also provided as nutritious and tastier alternative to prescribed supplements and we observed people enjoying these during the course of the day. Some people were having their food input monitored to help ensure they were eating sufficient quantities of food. We looked at these records and saw they were on the most part well completed and demonstrated people had been offered a range of food. A relative told us, "(Relative) has high calorie drinks. They weigh (relative)." However, another relative commented that communication about their relative's nutritional requirements could be improved. They said, "At times, (relative) has no teeth in. (Relative) is meant to have soft food but not everyone knows and sometimes salad will come. I feel they should be more proactive in engaging relatives."

At the last inspection we were concerned that the service was not properly monitoring whether people had received their meals. A system was now in place to record when people had been provided with meals. Whilst this was well completed in the morning and lunchtime periods, it was not consistently completed in the evening time. The catering manager confirmed this had been identified and said it had been raised as an area for improvement with staff and management.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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.

The management team had a good understanding of how to act within the legal framework of the MCA and DoLS. We saw best interest decisions had taken place where people lacked capacity. For example, one person had refused their medicines and through a best interest process involving the pharmacy, prescribing GP, family and the home, the decision had been made to administer medicines covertly.

Some people's relatives had lasting power of attorney for health in place which meant they were able to make decisions on their relative's behalf. We saw in some care records this had been documented. The registered manager also showed us evidence where they had contacted relatives and the correct information had not yet been provided to ensure the correct documentation was in place in people's care records. The service had information displayed to help people access Independent Mental Capacity Advocates (IMCAs) where required.

We saw appropriate DoLS applications had been made for people who lacked capacity and the service had assessed whether people were being deprived of their liberty. This and discussions with the registered manager and provider demonstrated to us the management team had a good understanding of the process to follow.

Three DoLS authorisations were in place with other applications awaiting assessment by the supervisory body. Where DoLS were in place, care plans were in place which showed how the DoLS authorisation and its conditions would be complied with to provide care in the least restrictive way. We saw one person had

conditions in place. Although we found evidence these were being complied with, this was not explicitly evidenced through the services care plan review process. We raised this with the registered manager who agreed to make this clearer in care records.

We saw evidence through observations and in people's care records of their healthcare needs being met. For example, on the day of our inspection it was very sunny and one of the lounges was particularly warm with the sun streaming into the room. One person sitting in the lounge looked unwell and this was noticed by a member of staff who was serving drinks at the time. They went over to the person to see if they were okay and pulled the curtain along to ensure they were not sitting in direct sunlight. They asked a colleague to also check this person and they subsequently called for further assistance to help move the person to their room. We saw they were made comfortable on their bed, checked by one of the nurses and observations kept. The person recovered after a period of bed rest.

We saw records of visits from district nurses, GPs, opticians and chiropodists and where people had been supported with out-patient hospital appointments or visits to the dentist. On the day of our inspection we saw visits took place from a GP and a nurse practitioner. We spoke with one person about how they would be treated if they felt unwell. They said, "They would get the doctor or the nurse. They say they are getting him, I've never had to complain." We spoke with a visiting health care professional who told us communication from the service was good and they had no concerns about people living at the home.

Good

Is the service caring?

Our findings

We observed care and support and saw staff were kind and caring and treated people well. For example, we observed staff offering gentle encouragement whilst helping people to mobilise and encouraging people to drink plenty of cold drinks to keep hydrated during the warm weather. People told us, "The girls are nice, kind", "They never make it appear that anything is too much trouble. They are not grumpy and there is a nice atmosphere. I wouldn't go to another nursing home. They take care of me" and, "I'm not treated as if I have no brains. You are treated like a person here. It's consistent." However, we also noted some staff were less engaged with people and we communicated our observations to the registered manager.

Relatives we spoke with told us they were generally happy with the care and support provided and staff were welcoming and approachable. Comments included, "My (relative) is very happy here", "They (staff) try to please. Staff know (relative); address (relative) by name. They take notice of (relative),"I've never had a grumble; it's first class", "It's like a family here; it's genuine", "It's very good here. They have been really good with (relative)" and, "Staff are approachable." One relative commented how staff were caring despite being stretched. During our observations and discussions with staff it was clear people's likes, dislikes and care needs were well known. For example, staff approached different people in different ways, laughing and joking with some and speaking gently with others.

We observed a warm, calm and inclusive atmosphere within the home. For example, the activities co-ordinator took the time to visit those who stayed in their room to ensure they were provided with social interaction. They did this using a good mixture of verbal and non-verbal communication to provide support. One person told us, "It's generally quiet. Some homes you hear shouting and carrying on; not here."

People's privacy was upheld. We saw staff knocked on people's doors before entering. Some people told us they preferred to spend time in their rooms and staff respected this. One relative commented, "Staff are respectful. I have no qualms," and another told us, "Staff are kind and respectful. They seem to pick the right girls to be carers."

We saw staff encouraged people to be as independent as possible. For example, one person needed to use the toilet and a staff member encouraged them to stand using their walking frame and walk to the bathroom. The staff member followed at a discrete distance in case assistance was required and gave gentle encouragement throughout the process.

We saw people were offered choices such as what they wanted to eat, where they sat, what time they got up in the morning and what activities they took part in. We saw the kitchen assistant went around each person in the morning and asked them what they wanted to eat and their choices were respected. Those that chose to get up later in the morning were offered breakfast when they wanted. People were asked for consent before staff assisted them to mobilise, use the toilet or sit down at lunchtime.

We saw relatives and friends were welcomed by staff when they arrived to visit people and greeted by name.

One relative told us, "Staff are very friendly to me. I get welcomed and offered a drink if drinks are going round." We saw visiting relatives and friends were included in activities taking place during our inspection.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. We saw church services were held fortnightly at the home and people were asked if they wished to attend. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Some information was contained in people's care records about their end of life wishes. The registered manager told us improvements were being made to documentation and recording of people's wishes regarding this and we saw an action plan was in place to record this information. We saw this had been effectively completed in some of the most recently updated care records. We saw some end of life discussions had taken place with people and/or their representative and their wishes documented, such as wanting to remain at the home rather than be admitted to hospital. We saw a member of staff who was the end of life champion within the home had developed a 'circle of life' within the care records. This was being developed to encompass all aspects of end of life care planning. Full end of life care plans were still to be fully implemented with advanced care planning. Regular meetings to facilitate this were in place with the end of life team.

Requires Improvement

Is the service responsive?

Our findings

We reviewed care records and saw many of these required updating and review in order to make more person centred. The provider told us they were aware this was an area for improvement and showed us an action plan in place to facilitate this. We saw some good, personalised documentation in updated care plans which included information about people's lives and what was important to them. These included factors regarding specific aspects of care, aims and how these were to be achieved. For example, we saw one person had difficulty with communication and we saw clear instruction in their care plan about how to facilitate this, such as, 'Sentence structure not to be too complex, staff to be aware that if we give too much information (person) can become confused. Patiently wait until (person) finds the right words.' We saw staff were following this guidance during our observations.

Prior to admission to Bingley Wingfield, people's needs and specific risks were assessed and plans of care put in place. For example, people's religious needs were assessed and religious clergy visited the home to deliver services in line with people's religious preferences. We saw the home had implemented new risk assessments and a more detailed preadmission assessment of need.

Where specific needs identified requirements for specific information such as turning charts, observational charts and continence records these were in place and largely completed. However, we identified one chart where a relative had expressed concerns around the toileting needs of their relative who required two members of staff to assist with their mobility. We checked the documented evidence which appeared to indicate the person had not been assisted to the toilet for several hours. We spoke with the provider and they immediately investigated and spoke with the two staff members separately. Both staff members independently stated they had taken the person at the same time. From our discussions with the provider we concluded this had been a documentation omission and staff were made aware of the importance of completing these forms at the time of the activity rather than later.

At the previous inspection, we saw changes in care plans were not always being translated back into care records. At this inspection we saw improvements had been made in this area. However, we saw more evidence was required to show people and/or their representatives were involved in planning and review of care. For example, we saw a large number of consent forms had been signed by the previous manager without involving the person or family, and reviews had also not been signed by the family/person. This meant we could not be certain discussions had taken place with people/relatives about their on-going care and support. This also meant there was not a clear and complete records of decisions maintained in relation to each person's care and support. We asked relatives if they had been involved in planning or reviewing their relative's care and received differing views. One relative told us, "It's on-going. I speak to carers, there are no formal reviews" and another told us they had not been involved. The provider and registered manager had already highlighted these issues through audit and we saw they had plans in place to address these.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Handovers took place twice daily, to update each new team of staff about the needs of people in the home. In addition, a daily meeting took place where representatives from each department and the registered manager met to discuss any changes in residents needs or other care or operational concerns. This helped ensure issues were promptly communicated and acted on and was a key mechanism to help provide responsive care.

We saw a range of activities were available to people and there was a dedicated room downstairs where activities took place. The home employed two activity co-ordinators, and had just employed a third person, each working 24 hours per week. We observed the activities taking place during our inspection and saw there were three tables each with at least three residents sitting at them. Different people were involved in different activities, according to their choice. Some were reading the paper, one was doing a puzzle and some were doing freehand painting with watercolours. There was a calm and pleasant atmosphere.

We spoke with the activities organiser on duty who was enthusiastic about their role and told us, "They do chair exercises, the church comes every fortnight; they love that. We have singers and fund raising volunteers. We have a garden and we have garden activities. We had a cheese and wine event recently; they loved that. We have a trip to a garden centre planned and an autumn fair for fund raising. The residents will make things for that." Relatives we spoke with praised the activities organiser and felt there was plenty going on in the home. The activities organiser told us they offered one to one sessions with people who did not want to attend activities with others and we saw this taking place, with them spending time with people in their rooms or in one of the lounge areas.

We saw events planned on the notice board with external entertainers visiting the home. Activities were planned over a fortnightly period, although the activities organiser told us this was dependant on people's choice. They said, "We have to keep it flexible as some residents are tired sometimes." A clothes party was also being planned and other events over the summer period. The service also benefited from a volunteer group, 'Friends of Wingfield', who organised events to help meet peoples' social needs.

We saw complaints, concerns and compliments were logged and analysed for trends and lessons to be learned. Complainants were either contacted by letter or a meeting was held, with actions and response to the complaint documented. We saw five complaints had been documented over the last year and all resolved apart from one which was anonymous and had been brought to their attention on the day of the inspection from the local authority. The provider discussed this with us and was in the process of investigating and formulating a response.

Requires Improvement

Is the service well-led?

Our findings

A registered manager was in post who worked between two services run by the provider. They told us things had been chaotic and the service had suffered several setbacks in recent months but they felt stability was slowly increasing. They did say they thought a dedicated manager was needed for the service rather than having to work across two services. Plans were in place for this to be achieved over the coming months.

Staff praised the registered manager and the improvements made to the service. They said the registered manager was approachable and supportive and told us they felt able to raise issues and these would be taken seriously. One staff member told us, "It's like a completely different place." They described the registered manager as, "Firm but fair." Staff morale appeared to be good and a staff member said, "We all pull together as a team." We found the management team to be open and committed to improving the service provision.

Systems were in place to assess, monitor and improve the service but they were not always sufficiently robust. For example, we identified that some areas still required improvement and breaches of regulation remained. We found better organisation of systems were required and identified some areas of concern which were not known to the management team before being brought to their attention during our inspection. For example, the registered manager was unaware that water temperatures were not being recorded to help protect against the risk of scalding. Although actions were taken following the inspection to address these, a robust quality assurance framework should have identified this. Issues with documentation of medicines had not been prevented from occurring through the operation of a robust system of quality assurance. Poor practices remained regarding the completion of some daily charts, such as indicating when a person had been assisted to the toilet. Despite a dependency tool being in place we had concerns about staffing levels, particularly at peak times.

This was a breach of Regulation 17, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager completed a daily walk around the home to help provide assurance that the service was operating to a high standard. These were documented and demonstrated a range of areas were looked at. Where issues were found these were discussed with staff. The registered manager was also required to complete a monthly management report which was submitted to the provider to provide assurance about how the service was operating. This provided a summary of the audits and checks undertaken each month and the issues found. Audits in other areas such as equipment, care plans and infection control were also carried out.

The provider was heavily involved in quality and undertook various checks and audits, such as internal and external environment. We saw action plans were in place as a result of these and saw actions had been taken to address issues.

Staff meetings were periodically held. We saw these were an opportunity for quality issues such as poor

documentation and medicines management to be discussed with staff.

People were able to provide feedback on the quality of the service. The provider and registered manager undertook regular walks around the service and gave people an opportunity to discuss issues with them. In addition, resident meetings were held. We saw minutes were recorded which showed any concerns and topics such as food and activities were discussed. Annual quality questionnaires were also sent to people and their relatives. A 'You Said We Did' board was on display showing what actions had been taken following the 2017 survey. We saw evidence that people's suggestions for improvements had been acted on within 2017. For example, people had requested more fresh fruit so fruit bowls had been provided.

Accident and incidents were recorded and a log sheet provided evidence that action was taken to help learn from adverse events. Incident analysis took place to review for any themes or trends such as the time of day of incidents.

Most people and staff we spoke with told us they would recommend Bingley Wingfield as a place to live and a place to work.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not always administered or recorded in a safe and proper manner. Regulation 12(1)(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not always deployed to make sure the provider can meet people's care and support needs. Regulation 18(1), Health and Social Care Act (Regulated Activities|) Regulations 2014

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to assess and monitor the quality of the service were not sufficiently robust. Regulation 17(1)(2)(a) Health and Social Care Act 2008 (Regulated Activities)Regulations 2014

The enforcement action we took:

Warning notice