CareQuality Commission

CLS Care Services Limited

Wealstone Residential Care Home

Inspection report

Wealstone Lane
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Cheshire
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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 20 November 2014 and was unannounced. The previous inspection took place on 4 October 2013. The provider had met the standards that were inspected.

The service has 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 2008 and associated Regulations about how the service is run.

Summary of findings

Wealstone is a single storey residential care home which has 42 single bedrooms, seven of which have en-suite facilities. Within the 42 beds, there is a separate 11 bedded unit called Bluebells that provides care for people with mild dementia.

People were supported by staff who had the required skills to promote their safety and welfare. Although there were shortfalls for training around the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), the registered manager had provisions in place to ensure all staff were to receive this training and had provided pre-reading course material to all staff. The provider had a rolling training programme in place.

The provider had robust and effective recruitment processes in place so that people were supported by staff of a suitable character. Staffing numbers were sufficient to meet the needs of the people who used the service.

Medicines were managed safely although medicines were not always kept at the required temperature when refrigerated.

People's nutritional needs had been assessed and staff were knowledgeable of people's nutritional needs. People told us they had plenty of choices with regards to what they wanted to eat.

People told us that staff were caring and we saw good interactions between people who used the service and the staff team. People were involved in the planning of their care and had an opportunity to say what was important to them.

We found that people had an opportunity to take part in the activities they enjoyed inside the home and out in the community. Relatives told us they had no complaints about the service. They told us they knew how to make a complaint and felt the manager was approachable.

Systems were in place for checking on the quality of service provided and processes were in place to deal with any areas identified for improvement. The manager had received several awards as a recognition of her good practice she began work at the home.

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 safe.

There were sufficient numbers of suitably trained staff to provide care that was safe and met the needs of the people who lived at the home. Recruitment processes were robust so that people were supported by staff of a suitable character.

People who used the service told us they felt safe living at the home.

Where risks to people's safety had been identified, risk assessments had been drawn up and were reviewed on a regular basis.

Good

Is the service effective?
The service provided effective care.

People had access to a variety of health professionals who told us the service was good at following their advice and support.

Staff had been provided with training in order to meet the needs of the people who used the service.

Good

Is the service caring?
The service was caring.

Relatives of people who used the service told us that good relationships were seen to be present between staff and people who lived at the home. We observed this to be the case during the day of our inspection.

We saw people's privacy, dignity and independence was respected and promoted throughout the day of our visit. Discussions with people and examination of records showed that people were involved in the planning and delivery of their care.

Good

Is the service responsive?
The service was responsive to people's needs.

Care plans were person centred, which meant they were centred on the individual needs, preferences and choices for people who lived at the home.

People had access to activities inside and outside of the home so their choices and social needs were promoted and maintained.

People spoken with had no complaints about the service. We saw that processes were in place to deal with complaints should they be made. Staff felt that any complaints would be dealt with appropriately by the registered manager.

Good

Is the service well-led?
The service was well led.

People spoken with had no concerns about the management team and told us they were approachable and easily contactable.

Good

Summary of findings

Systems were in place to check on the quality of care that was provided and the environment that people lived in.

We saw the registered manager had adhered to legal obligations and submitted notifications of any incidents in the home to us in a timely manner.

Wealstone Residential 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 inspection took place on 20 November 2014 and was unannounced.

The inspection team consisted of an inspector, 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. They expert-by-experience on this inspection had experience of using services for older people.

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. Before our inspection, we reviewed the information in the PIR along with information we held about the home, which included notifications they had sent us. We spoke with four social care professionals before this inspection. They did not report any concerns to us. We contacted three GP practices to ascertain their views on the services provided.

During the visit we spoke with 13 people who lived at the home, eight of their friends or relatives, four care staff, the head chef, the registered manager and the service manager. We observed care and support in communal areas and the dining room during lunchtime.

We reviewed a range of records about people's care and how the home was managed. These included the care plans for six people, the training and induction records for five staff employed at the home, maintenance records, the medication records for six people and quality assurance audits that the management team had completed.

Good

Is the service safe?

Our findings

People who lived at the home said they felt safe living at Wealstone. Comments from them included; “I feel safe here. They check up on you during the night”, “They take care of you. I feel very safe at night”, “I’m very safe, there’s no doubt about that and the girls are very kind to us. It is very clean and the hygiene is excellent” and “I feel absolutely safe, someone is always there”.

We looked at a recent survey that an external company had conducted on behalf of the provider. 100% of the responses received from relatives and people who used the service said the home was safe and secure.

Staff had undertaken training on safeguarding adults from abuse. The staff who we spoke with confirmed that they had completed this training during their induction programme and then again as refresher training on a regular basis. Records confirmed that training in safeguarding was current for all members of staff. Discussions with staff demonstrated they were knowledgeable about the different types of abuse that could occur and they knew how to report it. Staff said they could approach the manager with any concerns and felt they would be appropriately dealt with.

During a tour of the home, we saw informative posters titled ‘Zero tolerance’ were clearly visible explaining what to do if people had any concerns around abuse or their safety within the home.

We found that staffing numbers were adequate and were based on meeting people’s individual needs. Our observations throughout the day showed that people received the support as required and call bells were answered promptly. The home had a pool of bank staff to call upon to cover staff absences. The manager told us this was important to ensure people were supported by staff who they knew well. Staff, people who used the service and their relatives told us that they thought there were sufficient numbers of staff to meet the needs of people who lived at the home.

We checked the recruitment records for five members of staff. We saw that before any member of staff began employment with the company two references were obtained. We saw that Criminal Record Bureau (CRB) disclosure checks, and more recently Disclosure and Barring Service (DBS) checks were completed. This showed the provider had a system in place to check that people were supported by people of a suitable character.

We looked at the care files for five people. Detailed risk assessments were held within the files and they recorded how identified risks should be managed by staff in order to keep people safe. They covered areas such as pressure area care, mental health, and moving and handling. Prevention plans were also in place when people were at risk of acquiring pressure ulcers. Formal recognised assessment tools had also been used as part of the risk assessment process. We saw the risk assessments had been updated on a regular basis to ensure that the information available to staff was current.

We looked at the medicines records for five people who used the service. We saw that accurate and consistent records were kept on medicines that were administered, received and disposed of. Cream charts were also in use and provided guidance to staff on where creams were to be applied. We saw there was a system in place to ensure that people were given their medication at safe time intervals with times accurately recorded on the Medication Administration Record sheets (MARs). Many people who lived in the home were prescribed medicines to be taken only 'when required' (PRN). For example, painkillers and medicines for anxiety. We found that information was in place to guide staff on how to give each of these medicines and exactly what dose was required. This ensured that the medicines were given correctly and consistently with regard to the individual needs and preferences of each person.

We found that suitable arrangements had been made for the safe storage of most medicines. Controlled drugs were kept securely in locked cupboards to prevent misuse. We saw that medicines that were to be disposed of were securely stored. However, arrangements were not in place for the safe storage of medicines that needed to be refrigerated between 2 and 8C. We looked at records that dated back to June 2014 and saw that the temperatures recorded were between 0.5-2C. Although staff had recorded the minimum and maximum fridge temperatures, we saw that no action had been taken to ensure that medicines had been kept inside the recognised safe range of 2-8C. However, we saw that only two individual medicines were stored in the fridge during our inspection. We raised this

Good

Is the service safe?

concern with the registered manager. Following this inspection we were told that a new fridge had been purchased and was now in place in order for all medicines to be stored safely.

We saw that fire alarms and equipment were tested on a regular basis and fire drills had also taken place. We looked at certificates that showed fire equipment had been recently passed as fit for purpose by an external company. In addition to this the provider had certificates to show compliance where gas safety was concerned. We looked at how equipment was managed in the home. We saw certificates that showed equipment such as hoists and mattresses had been examined by a competent person in the last six months. The service employed a maintenance person who had also carried out their own regular checks in relation to this as well as other areas such as legionella and other aspects of health and safety.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us that the care was effective in the home. Comments from them included; "I'm perfectly content here. The staff are very, very good. They are top class" and "There's nothing that makes me feel hemmed in. They give me a lot of care. I'm extremely happy here. You won't go wrong here". People who used the service said they had plenty of choices with regards to what they wanted to eat and drink at the home. Comments from them included; "The food is very good. You make choices about what to eat", "The food is mostly good, sometimes very good. I have a high fibre diet. They know what I like" and "I'm quite happy with the food. I enjoy my meals here".

We looked at the training records for five members of staff. We saw that training was current in areas such as first aid, moving and handling, dementia awareness, medication, safeguarding, infection control and fire safety. We saw there was a rolling training programme in order for training to be refreshed on an annual basis. Staff spoken with confirmed they had received this training. Staff also told us that they were supported by the company to gain National Vocational Qualifications (NVQ) levels 2 and 3 in social care. We saw there was also opportunities for staff to obtain and NCFE (National Certificate for Further Education) level 2 in dementia and end of life care. Staff told us that team meetings and supervision meetings had taken with the manager on a regular basis. Appraisals were also completed on an annual basis. Members of staff who were new to their roles told us that their induction was thorough and they had spent time shadowing other staff members in order to get to know the people they supported.

We saw that none of the care staff had received training around the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Three out of the four care staff we spoke with had a very limited understanding of this and how it applied to their roles. The registered manager provided evidence that staff had been booked onto MCA and DoLS training courses with the local authority. In preparation for this training, staff had been provided with pocket size MCA and DoLS information with a recent wage slip. The senior management team at the home had already attended this training and where aware of its requirements in order to act in accordance with legal requirements where people did not have the capacity to consent to care.

The Care Quality Commission monitors the operation of the DoLS which applies to care homes. DoLS are part of the Mental Capacity Act 2005 legislation which is designed to protect people who can't make decisions for themselves or lack the mental capacity to do so. We saw that 22 people who lived at the home had a DoLS application that had been submitted to the supervisory body (Cheshire West and Chester Safeguarding Authority). Our observations and examination of records indicated that people had no other restrictions placed upon them other than what each DoLS application had stated.

To ensure the MCA 2005 had been adhered to, we asked the registered manager for examples of how this was applied to practice within the home. We were told that bed rails were not in place for any person and no one at the home was given medicines covertly (hidden in food or drink). Our observations and examination of records proved this to be the case. We saw that three people at the home had Do Not Attempt Resuscitation (DNAR) decisions in place. We saw that all three people had capacity to consent to such decisions and this was documented in their care plans.

We saw the provider had a non-restraint policy in place and staff spoken with were aware of this policy. Our observations and examination of records showed that restraint of any form had not been used in the home. We saw that the relatives of people who used the service and the relevant health professionals had been involved in best interest decisions where people did not have the capacity to consent to the care provided.

Where people were at risk of malnutrition, we saw that food and fluid charts that were completed by staff. They detailed exactly what the person had to eat or drink. Staff spoken with were able to specifically describe the type of diet that was required for two people who were at risk of malnutrition. This was reflected in the care plans we looked at. People's food and drink preferences were recorded in their care plans and any special dietary needs were also recorded. Where people were identified at risk of malnutrition, we saw the service had sought the advice and

Good

Is the service effective?

support of a GP who would then make a referral to a dietician. People's weight was also monitored and recorded on a regular basis. People at risk were seen to have maintained a steady weight.

We spent the lunchtime period with 28 people who used the service in the dining room. Others were seen to go out into the community with their visitors or were supported to eat in their rooms or communal lounges. There was a mixture of people from both the residential and the dementia unit present. The atmosphere was calm and relaxed. There was a constant staff presence throughout. We saw staff offered a selection of sandwich choices to people as well as a choice of desert. We saw that a choice of hot meal was available for the evening meal. Although we did not see the evening meal being prepared, the head chef told us that where people required a soft or pureed diet, all foods were pureed separately so that they retained their individual colours and flavours. Drinks were served to ensure people remained hydrated throughout the day and lunchtime.

We saw contact with health care professionals was recorded. This included contact with GPs, speech and language therapists, opticians, dieticians and district nurses. Correspondence to and from health care professionals had been retained and any advice given about people's care had been incorporated into their care plans.

We saw that people's bedroom doors were clearly numbered, coloured and named to support orientation in both units. Rooms such as bathrooms and the dining room were also clearly signposted. Corridors had themed areas of interest to people who used the service such as movies from the past. Staff told us this enabled people to be nostalgic about the past. The home had recently been decorated and furnishing and carpets had been replaced. Some bathrooms had also been refurbished and were equipped to support people with physical disabilities and poor mobility. The grounds and gardens that surrounded the home were pleasant and well maintained. People were seen to be supported to go outside during our inspection. There were three lounges in the home and most people were seen to spend time with each other and their relatives within them.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us that the staff were caring. Comments from them included; “I’m perfectly content here. The staff are very, very good. They are top class”, “You never sit a long time without someone checking up on you”, “They spoil me in the nicest possible way” and “I think it’s a good place. The staff are great, first class – very thoughtful and kind.”

People spoken with told us they were involved in putting the care plans together before they moved into the home and during their time there. This was evident in the care plans we looked at. Relatives told us they were able to visit their relative whenever they liked and no restrictions were placed upon this.

The staff who we spoke had a good understanding of people’s preferences, likes and dislikes and wishes. Our conversations with them reflected the information that was documented in people’s care plans.

We saw that ‘resident and relative’ meetings took place at the home on a regular basis but were they were not always well attended by relatives. Some of the relatives spoken with said that although they were not concerned about attending such meetings, they hadn’t been aware they had taken place.

Throughout the day of our visit we observed that people looked content, happy and comfortable with the staff that supported them. We saw staff being kind and supportive to the people they supported. Staff spoke to people in a caring and compassionate manner. When people became confused and upset, staff dealt with the situation calmly and were attentive to people's needs.

We saw that advocacy services such as Age UK and the Independent Mental Capacity Advocate (IMCA) were available to people should they be required. The registered manager told us that nobody at the home currently had an advocate in place.

We saw staff promoting independence and choice. For example, we saw people making decisions on what they wanted to eat and drink, whether they spent time in their bedrooms, taking part in activities, in the communal lounge or going outside. People who used the service confirmed that they had been given choices were these decisions were concerned. We saw staff knocked on the doors of the people who used the service before entering. This showed that people's privacy was respected. The registered manager told us that various religious denominations visited the home throughout the week to ensure that people's religious beliefs were respected.

We looked at a recent survey that an external company had conducted on behalf of the provider. 100% of the responses received from relatives and people who used the service said they were treated with dignity and respect.

Good

Is the service responsive?

Our findings

People who used the service told us that the care provided was responsive to their needs and a range of activities were available for them to take part in should they wish to. Comments from them included; "I'm quite happy with them all (staff). They come and have a chat. Staff come quickly if I need them", "If you want to join in things you can. If you don't want to it doesn't matter", "They get speakers to come and we have quizzes. There is always something on. They are very good with the entertainment" And "In a lot of ways it's like being at home. It's all one big, happy family".

Relatives of people who used the service believed the service was responsive to the needs of people who used the service. Comments from them included; "They respond to [my relatives] needs" and "[My relative] is more social here than at home. There's a lot of activity".

We saw the service employed an activities coordinator. Staff explained that they hold regular activities. For example, they explained that there was a Caribbean evening being held the following weekend. We saw photos on display throughout the home that demonstrated other theme nights had taken place in the home. They also explained that some of the activities were held in the evening or at weekend to enable some of the relatives to attend and be involved. Other activities included a knitting circle and quizzes.

We saw that the provider had installed modern technology so that people who used the service could video call their friends and relatives who did not live locally or couldn't visit on a regular basis. A person who used the service told us this had been a concern for them and the technology was installed within days after this was raised with the registered manager.

We had the opportunity to speak with a visiting health professional during our visit. They told us "The staff are very helpful. They know my patients well and are able to discuss their concerns or progress clearly. Any advice or feedback I give is always acted upon".

The care plans we looked at were person centred which meant they were written around the needs of the person and what was important to them. We saw they were evaluated on a monthly basis or sooner if required and when people's needs changed. However, this was completed on a care plan evaluation sheet which supported the initial care plan which had sometimes been written on admission to the home. In the case for one person, this was as far back as 2012. Although current information was available, there was a risk that important information could be lost because the care plans and supporting documentation were so large in size. Following this inspection, the registered manager informed us that all care plans had been updated so that any important information could be located easily.

People who used the service and their relatives told us they knew how to make a complaint or raise concerns to the service. Comments from them included; "If I had a problem, which I haven't, I would complain to [the care team leader]", "If I had any concerns I would just speak to one of the girls" and "If I had a concern I would mention it to a member of staff. They give plenty of attention to any concerns".

We looked at the system in place to deal with complaints. It was evident there was a detailed audit trail of how concerns and complaints were managed and dealt with to the complainants' satisfaction where possible in a timely manner. We examined the complaints procedure which was on display in the reception area of the home. It was also available within the operational policies and procedures for the service. It was clear that people were given the right information about who to make complaints to. Staff felt that complaints would be investigated thoroughly by the management team and would be quickly resolved. They also told us that they learnt from any concerns or complaints that are made during a documented handover between shifts and staff meetings that occurred frequently.

Good

Is the service well-led?

Our findings

The service had a registered manager who had been registered with the Commission since March 2013. We examined the records we held for the service prior to this inspection. We saw the registered manager had adhered to legal obligations and submitted notifications around any incidents in the home to us in a timely manner. The registered manager is supported by a service manager who is based at the home.

We saw the registered manager had received the providers 'Newcomer of the year award'. We looked at the certified award which stated the registered manager had 'worked hard to deliver above expectations of residents, customers and colleagues and encompasses the CLS standards'. In addition the registered manager had also been awarded several outstanding achievement awards during her time with the provider.

People who used the service and their relatives told us the registered manager was approachable and they had no concerns with them. Comments from them included; "There are only too ready to listen, [the manager] is so good", "I have always got access to the manager. She drops things to talk to you" and "It is very open and very transparent here".

Discussions with the registered manager and people who used the service informed us local schools and the University of Performing Arts also attended the home to provide entertainment to the people that lived there. We saw the provider has their own transport and that some people went on a recent trip to the local garden centre. The registered manager told us this was important that people's links with the local community were maintained.

We saw that people were asked for their views about the care that was provided in 2013. An external company had sent out surveys to people who used the service and their relatives asking questions around various aspects of the care provided at the home. We saw that all the results had been analysed and systems were in place in order for any changes to be made. From the sample of results we looked at, we could not see any negative comments. We saw that surveys for 2014 had been distributed just prior to this inspection.

Staff spoke highly of the registered manager and felt they were listened to when they raised and concerns or suggestions. We saw minutes of staff meetings that took place on a regular basis. One staff member told us; "The manager is responsive. You can ring her on her days off and she is very supportive". Another said; "I feel supported and she is a good manager. It's a very open house and this makes for a friendly atmosphere".

We saw the management team within the home carried out monthly audits of various aspects of the service's operations such as medication management, accidents / incidents, care planning, health and safety and the home environment. Members of the regional management team for the provider also conducted unannounced visits to the home on a regular basis. Where concerns were identified, processes were in place to enable progress to be made. For example, where medication errors had been identified, we saw that staff had to undertake a competency assessment before they could administer medication again.

The company had a corporate monitoring system called 'Driving success in our homes' throughout its homes [staff members referred to this as the 'Steering Wheel']. This required the registered manager to report on a variety of areas; these were grouped into four titles, people, customers, finance and operations. These titles were then sub-divided into more specific topics such as whether audits were up to date and the current training position for staff. This system allowed the provider to monitor the home's performance and address any shortfalls quickly. The registered manager was able to demonstrate this process to us.