

# Community Integrated Care Wickham Hall

## Inspection report

Knightshill Crescent  
Wigan  
WN6 7LJ

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28 February 2020

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Requires Improvement</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Wickham Hall is an extra care housing scheme for older people, comprising of individual flats in one large building. The scheme had some communal areas, and an onsite restaurant. People who lived at the service had a separate care and tenancy agreement. At the time of our inspection, the service supported 16 people with personal care.

Not everyone who used the service received personal care. Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People did not always receive their medicines in line with best practice guidance. Medicines monitoring systems were not robust to monitor shortfalls. People's risks were not effectively assessed and recorded to reduce the risk of avoidable harm. People and their relatives told us they were safe. People told us they received their care visits as planned. The registered manager had followed safe recruitment procedures.

People's care records were not adequately completed to demonstrate their needs, risks, preferred outcomes and how these would be met. They were not always reviewed to show changes in people's needs. Staff supported people with meaningful day time activities and to maintain contact with their local community. People's individual communication needs had been assessed however, this was not consistent. The registered manager had a complaints management policy however, procedures on how to raise complaints were not visible or shared with people.

The governance and quality checks at the service did not consistently promote safe delivery of care. The registered manager and the provider needed to improve the quality monitoring systems and systems for seeking people's feedback about their experiences. People were positive about the staff team and the support they received.

Staff had received regular training. People told us their care and support had been planned in partnership with them and their relatives however, care records did not show how people's consent was sought. We made a recommendation about this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests.

People were positive about the service and said staff were kind and caring. People were treated with dignity and respect and their right to privacy was upheld. People were comfortable in the company of staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 20/02/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection schedule.

#### Enforcement:

We have identified breaches of regulation in relation to risk management, record keeping, medicines management and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Wickham Hall

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 28 February 2020 and ended on 06 March 2020. We visited the office location on 28 February 2020 and carried out telephone interviews with staff on 06 March 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection, including information from the provider about important events that had taken place at the service, which they are required to send us. We sought feedback from the local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with eight people who used the service and two visiting relatives about their experience of the care provided. We spoke with three members of staff including the registered manager and a visiting manager. We visited two people's flats with their permission to seek their experiences of care and review their care records.

We reviewed a range of records. This included four people's care records, multiple medication records, three staff recruitment records and we looked at a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We contacted three staff via telephone interviews. We looked at training data and quality assurance records and sought feedback from local authority professionals.



# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were not effectively protected from risk to prevent avoidable harm. There was a lack of risk assessments to guide staff on safe working practices and to keep people safe from avoidable harm during care delivery. One person was being assisted with transfers using a hoist, however, there was no risk assessments or a care plan to show whether the equipment used and manoeuvre was safe.
- Care records showed risks to receiving care had not always been recorded or reviewed. This included the lack of risk assessments for choking, self-neglect and falls. Risk assessment records were either left blank or insufficiently completed.
- The registered provider had a process for recording accidents and incidents that occurred. These showed staff sought medical guidance where required. However, a significant number of incidents we reviewed had not been concluded for more than 10 months. Records at the service showed these to be 'in progress'. We could not be assured that incidents had been investigated timely and overseen by the registered manager in line with the provider's policy and regulations. We found two significant incidents that had not been shared with CQC in line with guidance.

Risk management systems were not robust enough to protect people from the risk of avoidable harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager responded immediately after the inspection. They confirmed they had taken action to review risk management practices and provided staff with more guidance.

Using medicines safely

- People did not always receive their medicines safely and as prescribed. Staff had not always followed best practice guidance in medicine administration. In one instance staff had continued to administer medicines to one person two weeks after the medicines had been discontinued by a GP. In another case a person had been given four doses of medicines that did not belong to them.
- People's allergies were not always recorded. We found one person's medicines care plan stated they were allergic to two specific medicines. However, medicines administration records and support plans stated they had no allergies. This exposed the person to risk of being administered medicines that they were allergic to.
- The registered provider had a system for auditing medicines records however, this had not been effectively implemented. Medicine audits had identified the shortfall above in November 2019 however, we found these had not been rectified.

Medicines management systems were not robust enough to protect people from the risk of unsafe medicines practices. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse and their human rights were respected and upheld. People told us they felt safe and any concerns were raised with the registered manager and dealt with. One person told us, "The staff are fantastic and I feel safe, nothing to worry about."
- Staff had received training in safeguarding people. Staff we spoke with were confident to report concerns and satisfied that action would be taken to investigate the concerns. They had followed the local authority protocols for reporting concerns.

Staffing and recruitment

- The registered manager followed safe staff recruitment procedures. All the necessary background checks were carried out. This ensured only suitable staff were employed to support people.
- We received mixed feedback regarding staffing levels from staff and some people. They told us there had been times when staff struggled due to unplanned absence. The registered manager stated they had an ongoing recruitment process and a pool of bank staff that they could call upon if required. We observed the service had appropriate staffing levels to keep people safe during the inspection.

Preventing and controlling infection

- People were protected against the risk of infection. The service was visibly clean with high standards of cleanliness in communal areas and the flats we visited. People said they thought the service was kept clean.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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 had the appropriate legal authority and were being met.

- The registered provider had a policy to protect people's rights and ensure people received the care and support they needed. Staff knew how to support people in making decisions and how to offer choice with day to day decisions and activities. However, from records viewed, we saw consent to care and treatment had not been recorded.
- Staff had not carried out mental capacity assessments to assess people's ability to consent to their care support. For example, where people were deemed to be making unwise choices whilst they had fluctuating capacity.

We recommend the provider consider current guidance on seeking consent and carrying out mental capacity assessments and take action to update their practice accordingly.

Staff support: induction, training, skills and experience

- Staff had skills and knowledge to carry out their roles effectively. Staff told us they regularly updated their training. In addition, staff told us induction training was provided and supported them to get to know people well and provide the right support for them.
- People told us they had confidence in staff's skills and knowledge. Comments from people included; "The staff know what they are doing, they have the right skill and attitude" and "We have confidence in them."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and their choices were considered before they started using the service. Whilst information gathered was used to record people's preferred routines, the information was not always used to create robust care plans and risk assessments.
- The registered manager and staff had referred to current legislation, and standards. However, they needed to be consistent in respect of best practice in medicines management, risk management and seeking consent.

Supporting people to eat and drink enough to maintain a balanced diet ;Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to maintain a balanced diet. Records, when appropriate, documented any associated risks with eating and drinking. The support provided at the service included support with lunch time meals. Where required, people were supported with meal preparation at other times of the day.
- The registered manager and staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. Staff supported people with access to GP practices, dental care and referrals to hospitals.
- The registered manager had advocated for people to ensure they had access to health care that was vital to improving their well-being. For example, they advocated for one person to have an essential medical procedure which significantly improved the person's vision and well-being.

Adapting service, design, decoration to meet people's needs

- People's individual needs were met by the design of the service. People who used the service decided when they wanted care staff to visit and this was taken into consideration in designing and planning the care delivery.
- People were provided with 24hr background support and had access to emergency support services and the means to summon for help in the event of a fall.
- The registered provider had considered the use of technology to monitor care visits and staff punctuality.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- People were supported by caring and respectful staff who treated them with dignity. People were positive and complimentary about the caring nature of the staff. Comments included; "The support workers are wonderful, I can't praise them enough."
- We observed people were comfortable in the company of staff. People were included in conversations taking place. We saw staff giving people assurances to reduce any distress.
- Staff we spoke with showed awareness of people's human rights and their diverse needs. There was a significant emphasis on equality and diversity within the organisation's ethos and values systems. This was widely demonstrated by the activities and engagement between staff and people who used the service.
- The service provided support that ensured people's privacy, dignity and independence were maintained. We saw staff knocked on people's flats before entering, including where people had a key safe. One person told us, "Yes there is no doubt about their caring attitude, they are respectful and will treat you well." People's personal information was kept in a secure office.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to express their views and were consulted about care and decisions for their wellbeing. People told us staff made an effort and encouraged them to make daily choices. One relative said, "They are very good at giving [relative], we know they cannot force her to do anything she doesn't want to do."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was not always planned in a person-centred manner that adequately reflected their preferences. Whilst records reflected people's daily routines, they were not adequately completed to show people's current needs and risks. There was a system for seeking people's preferences and outcomes they wished to achieve however, records were either inadequately completed or left blank. This did not demonstrate a person-centred approach to care planning.
- Staff were responsive to people's needs including seeking guidance from external professionals. However, they did not always keep accurate records to show changes in people's needs or involvement of other professionals. For example, where people's needs had deteriorated or they needed more support. People's care records were not always reviewed when there were changes to their needs. We spoke to the registered manager who informed us audits had identified these shortfalls. However, this had not been timely resolved.

We found no evidence that people had been harmed however, systems were not robust enough to ensure staff maintained an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that was shared with people's relatives when they started using the service. However, people we spoke with were not always aware of the procedures and people's records did not have information on how to raise complaints. The registered manager informed us they had identified this and were going to share the procedures with people at the next meeting.
- The registered manager informed us no complaints had been received since the service started operating.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been assessed. People could be provided with information and reading materials in a format that suited their communication needs. However, this was not always consistent in care records. Some records of communication were left blank. The registered manager

informed us they had identified shortfalls in record keeping and had a plan of action.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to keep active and improve their mental and physical well-being through meaningful activities. There was a significant emphasis on keeping people engaged with their local community. They told us; "We had a choir a few weeks ago and a visit from a local school" and "There is always something happening in the lounge; we could be baking or singing."
- The registered provider and the registered manager had made an investment to purchase modern interactive equipment such as gaming consoles virtual reality technology to improve people's experiences and improve their physical and mental well-being. People engaged well with this technology and the experiences this created.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider and the registered manager did not effectively implement systems for monitoring quality performance, risk and regulatory requirements. While the registered manager and the staff were aware of their roles and responsibilities, they had not always followed required standards, guidance and their own policies. This included medicines management practices, risk monitoring, person-centred care planning and seeking consent. The registered manager took steps to resolve this following the inspection.
- The registered provider had a system to audit and monitor the service delivered and ensure continuous improvements. However, this was not robust as identified by the shortfalls we found during this inspection. Action plans had not been signed off to demonstrate that shortfalls had been rectified, this included records for monitoring accident and incidents. We found significant incidents that had not been shared through the provider's accidents and incident monitoring system. The registered manager had not been informed of these incidents.
- The registered manager had delegated tasks to other care staff however, the system for ensuring accountability was not effective. The registered manager informed us their quality compliance systems checks had identified the shortfalls we found at this inspection. However, the system had not been robust enough to ensure the concerns were addressed promptly.

We found no evidence that people had been harmed however, systems were not robust enough to effectively monitor the quality of care provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider had not always exercised their legal responsibility to share information with relevant parties, when appropriate. Staff had followed the local authority safeguarding protocols and shared information with them. However, they had not notified CQC of events, such as safeguarding's and serious incidents as required by law.

This was a potential breach of regulation 18 of the (Registration) Regulations. We will follow our processes to consider an appropriate response to this outside the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good

outcomes for people

- The registered manager and staff had systems to promote a positive environment for people. However; the shortfalls in the governance and medicines managements systems impacted on people's ability to achieve good outcomes.
- People and staff told us the staff and the service manager were always around the home and they would feel comfortable approaching them to share their views. One person told us, "[Name removed] the service manager is always here and forever running around to support staff."
- Staff were positive about the support they received from management and all people we spoke with felt they received good care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager needed to improve systems to gather people's views and personal experiences. While the registered manager was familiar with people and met people on their visits to the service, there had been one formal meeting with people and no quality assurance surveys had been carried out to seek people's personal experiences of the care support. The registered manager assured us they were reviewing this and had a meeting planned with people.
- The provider recognised their staff's performance and contributions through internal staff awards. There was a caring approach for supporting staff with their personal welfare including counselling.
- The service worked in partnership with other professionals and agencies to help ensure people received the care they needed.

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
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks to people who used the service were assessed and planned for.</p> <p>The provider had failed to ensure medicine management systems were effective to ensure people receive their medication safely.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance systems were not robust and there was lack of robust oversight on the regulated activity.</p> <p>The registered provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and of decisions taken in relation to the care and treatment provided;</p>