

Marton Care Homes Ltd

Wansbeck Care Home

Inspection report

Church Avenue
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Choppington
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Tel: 01670817173

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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 ●

Summary of findings

Overall summary

About the service

Wansbeck Care Home is a residential care home providing accommodation and personal care for up to 40 people some of whom are living with a dementia related condition. At the time of our inspection 26 people were resident at the home. The home is separated into four units across two floors.

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

People told us they were very happy living at Wansbeck Care Home and felt very safe. This was supported by the relatives we spoke with. People were treated with respect and kindness. Staff supported people to maintain their independence and dignity.

Relatives and staff told us improvements had been made since the last inspection. Infection prevention and control procedures had improved, however, we signposted the registered manager to the local infection prevention and control team for some additional guidance and support. Risk assessments were completed, and medicines were managed safely. Lessons had been learned in respect of any safeguarding concerns and in response to the last inspection.

People's needs were assessed, and care plans developed to ensure needs were met in a safe way. Staff supported people to access healthcare and maintain their physical and emotional well-being. 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; the policies and systems in the service supported this practice.

People and relatives were complimentary of the staff team and the approach of the registered manager and felt the home was well managed. Staff said they felt supported and found the management team to be approachable. Since the last inspection quality assurance systems had improved and staff were being supported with the implementation to ensure the quality of the service continued to improve.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection (and update)

The service was registered with us on 01 June 2020 and the last inspection was a focused inspection of safe and well-led only. The rating for these domains was requires improvement (published 21 January 2021). We identified a breach of regulation related to infection prevention and control and issued a warning notice. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

This inspection was carried out to follow up on action we told the provider to take at the last inspection. We had also received concerns in relation to hydration and infection prevention control.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wansbeck Care Home on our website at www.cqc.org.uk.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wansbeck Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Wansbeck Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection, including the statutory notifications we had received from the provider. Statutory notifications are reports about changes, events or incidents the provider is legally obliged to send to us. We contacted the local authority commissioning and safeguarding teams and the infection prevention and control team to request feedback. We used all this information to plan the inspection.

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 five people who used the service about their experience of the care provided. We spoke with 10 members of staff including care staff, ancillary staff, the deputy manager, the registered manager, the regional operations manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed staff engaging with people during the course of the inspection and reviewed a range of records. This included five people's care records and multiple medicine records. We looked at two staff files in relation to recruitment and a range of records relating to the management of the service.

After the inspection

We spoke with four relatives by telephone about their experience of the care provided. We continued to seek clarification from the registered manager to validate evidence found. We looked at training and supervision data, quality assurance records and policies and procedures. We also spoke with the infection prevention and control team.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to ensure infection control policies and procedures were followed. This was a breach of regulation 12(1)(2)(h) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to safeguard people from the risk of abuse.

- Staff understood the process to follow if there were any concerns.
- Safeguarding concerns were reported, investigated and analysed for lessons learned to minimise the risk of reoccurrence.

Assessing risk, safety monitoring and management

- Risks were assessed.
- Control measures to minimise the risks were more detailed on some risk assessments than others. The registered manager was working to address this and there was no evidence of impact on people's care.
- Checks on equipment and premises were completed to ensure they were safe for their intended use.

Staffing and recruitment

- Safe recruitment procedures were followed, and if required, risk assessments were completed.
- Staff told us there were enough of them to meet people's needs. A dependency tool was used to calculate the number of staff needed based upon people's needs.

Using medicines safely

- Medicines were managed in a safe way.
- Medicines records were completed appropriately and audited to ensure compliance.
- Protocols for medicine administration were in place as were medicine care plans.

Learning lessons when things go wrong

- Lessons had been learned in response to safeguarding concerns, accidents and incidents and feedback from inspections.
- Staff, people and relatives told us improvements had been made.

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 of this key question 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.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet.
- Changes had been made to how food and fluid was recorded and monitored. This system was being embedded and further improvements were made during the inspection.
- One person's care plan had not been kept up to date in relation to their nutritional needs however there was no evidence this had impacted on their care.
- The chef was knowledgeable about people's dietary needs and people said they enjoyed the meals.
- Relatives told us they had no concerns about people's diet.

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

- People's needs were assessed prior to admission.
- Care plans were developed in line with people's assessed needs.

Staff support: induction, training, skills and experience

- Staff said they had all the training they needed but would value more face to face training.
- The provider had a programme of face to face training that was being rolled out including diabetes and end of life care. This had been delayed due to COVID-19.
- Staff said they felt well supported by the whole management team and each other.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to ensure people had appropriate access to healthcare.
- People were supported to engage with dentistry, podiatry, opticians and audiology professionals as well as GPs and district nurses.
- Relatives said they were happy with the way their loved one's health care needs were managed.

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

- People were able to personalise their rooms to their own taste.
- Some redecoration and refurbishment had taken place.
- A refurbishment plan was in place. This had been delayed due to the pandemic.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Where appropriate capacity assessments and best interest decisions were made and recorded.
- DoLS applications were submitted as needed, following a capacity assessment and best interest decision.

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 of this key question for this newly registered service. This key question has been rated good. 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

- People said they were treated well by staff who were very kind and caring.
- One person said, "I can't fault it, the staff are lovely, the manager is lovely, beautiful meals, good activities. I am respected and everything is fantastic!"
- Staff were seen to engage with people in a respectful and caring manner affording people time to chat and enjoy a laugh and a joke together.

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

- People, and their family members were supported to express their views and be involved in decisions about their care.
- Staff were polite with people and asked if they needed support in a discrete and respectful manner.
- Relatives told us communication had improved and they were kept up to date on how their family member was and if there were any decisions to be made.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted independence and privacy. They were discrete, encouraging and reassuring when supporting people.
- One person said, "Staff always knock on my door, they always change their PPE to see to me. It's ideal."
- Relatives told us their family members always looked well cared for and happy.

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 of this key question for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People, and their relatives said they were involved in planning their care, however, this wasn't always evident in records. The registered manager was aware this was an area to be developed.
- Some care plans were very personalised and specific to the person's preferences; while others were quite general. This had been recognised by the registered manager who had introduced new ways of reviewing records to make sure care plans were specific to the persons needs and preferences.

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.

- Communication care plans were in place and identified if people had any specific needs and how they should be met.
- Easy read information was available in relation to COVID-19, complaints and quality surveys.

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

- A well-being lead led the staff team in supporting people to maintain and develop interests, hobbies, friendships and relationships.
- There was a clear focus on ensuring people were engaged and filling their time in a way that was meaningful to them.
- Initiatives including Oomph, an approach to enhance mental, physical and emotional wellbeing, had been introduced.

Improving care quality in response to complaints or concerns

- Concerns and complaints were recorded, investigated and responded to.
- Relatives said they had no complaints or concerns.
- A policy and procedure was in place.

End of life care and support

- People, and their family members, were supported at the end of their life.
- People were offered the opportunity to discuss their wishes for end of life care and support.

- Where people wished to discuss their wishes, respectful and detailed care plans were in place.
- There was a clear focus on ensuring people's needs were met and their wishes respected.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider reviews their governance systems to ensure they are robust and capable of monitoring quality across the whole service. The provider had made some improvements.

- Audit processes had been streamlined to reduce duplication and new processes had been introduced to drive improvement in areas such as medicines management, infection prevention and control, training and record keeping.
- Daily walkarounds and care plan reviews had not always been used effectively to identify areas for improvement. We did not identify any impact on people as a result of this and the nominated individual took immediate action to improve the audit tools and support staff.

Continuous learning and improving care

- People, staff and relatives said the home had much improved in terms of staff morale, wellbeing, communication and being "a home from home."
- No one we spoke with felt there were any specific areas for improvement and were complimentary of the staff team and management.

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 registered manager and provider had a good understanding of the duty of candour and their responsibility to be open and transparent and apologies were offered.
- Statutory notifications, which providers are required to submit to the Commission, had been completed in a timely manner.

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

- Quality surveys were completed to seek feedback from people and staff. Relatives forums were taking place virtually during the pandemic.
- Partnership working had continued with the local authority commissioning team; safeguarding adults and

infection prevention and control teams.

- Links with the local community had also been maintained during the pandemic.