

# Stourport On Severn Care Holdings Limited

## The Wharf Care Centre

### Inspection report

76 Minster Road  
Stourport-on-severn  
DY13 8AP

Tel: 01299879056  
Website: [www.bluebrickhealthcare.com](http://www.bluebrickhealthcare.com)






Date of inspection visit:  
16 July 2019  
17 July 2019

Date of publication:  
19 September 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</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

The Wharf is care home registered to provide personal and nursing care to for up to 67 people. At the time of the inspection the home was providing personal care to 11 people. The home comprises of a newly built three story building. The top floor which was not in use at the time of the inspection is for people requiring nursing care.

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

This was the first inspection since the home opened. The registered manager was supported by their manager and the provider to develop the home.

Staff practices in relation to the management of medicines and the storage of cleaning materials needed to be improved to ensure people were safe. Cleaning chemicals were not always securely held, and improvement was needed to ensure people had creams applied as prescribed and protocols needed to be devised for people receiving medicines on an as needed basis.

Systems to monitor the quality of care at the service had not identified areas of concern we identified during the inspection.

The registered manager had recognised the need to make improvements in areas such as the regular testing of the fire alarm. Improvement had taken place although this needed to be strengthened further. Equipment used was tested on a regular basis to ensure it was safe.

People felt safe living at the home and staff were aware of their responsibility to protect people from the risk of abuse and harm.

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.

Sufficient staff were available to meet people's needs. Recruitment was on going in line with the registered manager's desire to increase the number of people living at the home. People told us when they needed

assistance, staff responded promptly. Not all members of staff had completed their training, the registered manager was aware of where improvements needed to be made.

Care plans and risk assessments were in place and regularly reviewed. Some areas of people's identified need were not however always included within the care records.

People were cared for by staff who were kind and caring. People's privacy was respected, and dignity maintained. The majority of people liked the food supplied. Staff had a good knowledge about people's dietary likes and dislikes.

People were complimentary about the management and believed they would be listened to in the event of them having any concerns.

People had the opportunity to have fun and interesting things to do in relation to recreational activities.

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 13/07/2018 and this is the first inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

The registered manager has assured us they have taken action to make improvements since our inspection to mitigate risks to people.

Enforcement

We have identified one breach. This was in relation to ensuring hazardous items were stored safely as well as ensuring medicine management was in place to keep people safe and having systems in place to monitor and identify shortfalls in the service provided.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return 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.

**Good** ●

### 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** ●

# The Wharf Care Centre

## 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

The inspection was carried out by one inspector.

#### Service and service type

The Wharf Care Centre is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

Before the inspection we looked at the information we had received about the service since it became registered. This included details about incidents the registered provider must notify us about, such as abuse and accidents. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with eight people who used the service and two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager, team leaders and care staff, the activities coordinator and a chef. We also spoke with one of the directors of the company and their nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included four people's care records and multiple medicine records. We looked at three staff files in relation to recruitment. 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 and spoke with one of the directors regarding the testing of the fire alarm. We looked at information sent to us following the inspection.



## 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.

Using medicines safely; Assessing risk, safety monitoring and management

- The administration, application and storage of medicines was not always effective to ensure safe systems were in place.
- One person's medicines included a gel to be used to help pain relief. The item was not recorded as received within the home and there were no records of staff members applying it. Staff reported they were not aware of this item. The person told us they would like staff to apply a gel to assist with their pain relief. Because of our findings action was taken and the item made available to the person.
- One person was advised to have drops in their ears prior to having them syringed. We could see no evidence of this having happened in line with the healthcare professional guidance and no amendment had taken place to the person's care plan. The registered manager agreed the evidence showed these were not administered as requested by a healthcare professional.
- Where people had creams applied by care staff records were in place for staff to sign. The senior on duty signed the main computerised records to evidence the cream was applied. We saw for one person's these records did not match and we saw occasions where the senior had signed their records without any evidence it was actually applied.
- Where people received medicines 'as required' [PRN], there were no guidelines or protocols about these medicines such as the reasons they may be required and the dosage to be given for example if a person was experiencing pain.
- We found some sachets of a medicine within the household remedies. Household remedies are medicines which can be purchased without prescription. These sachets were not recorded as held at the home and staff we spoke with were unable to explain how they were there.
- The date when medicines were received was regularly recorded. The date when the medicine was opened or commenced however was infrequently recorded. This makes a full audit of medicines difficult to complete.
- On the first day of the inspection we found cleaning materials including disinfectant in unlocked cabinets

in the kitchenette area of two dining rooms. These items could be potentially hazardous to people if used or handled incorrectly. These items were immediately removed by the registered manager.

We found, systems were either not in place or robust enough to demonstrate medicines management was effectively in place and to ensure hazardous materials were stored securely. This placed people at risk of 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 and told us following the inspection they had introduced systems to ensure there was no reoccurrence of the shortfalls identified. In addition, the registered manager responded immediately during the inspection and removed hazardous items to ensure people were not at risk.

- Medicines administration records were completed using a computer lap top. Each member of staff authorised to administer medicines had their own log in. The system alerted staff if they tried to record medicines when not prescribed or if for example the gap between doses was too short.
- Some medicines required additional storage and recording. We found these to be correctly managed and a handover sheet was maintained to ensure the correct number remained.
- Risks to people such as moving and handling, falls and nutrition were in place and reviewed.
- Equipment such as hoists were available however at the time of our inspection nobody living at the service was assessed as requiring equipment to assist with their mobility. We saw evidence of servicing of these items of equipment.
- We saw staff use items of equipment such as wheelchairs safely with footrests in place. Special cushions to help prevent sore skin were in place and used in line with instructions.
- Improvements had recently been made in the checks carried out on the fire alarm and fire fighting equipment. Other checks were completed such as water temperatures and window restrictors to ensure risks to people were minimised.

Systems and processes to safeguard people from the risk of abuse

- People told us they liked living at the home and felt safe there. One person told us they were, "Very, very safe" and told us they rated the service highly as a result of how they felt.
- The registered manager and staff we spoke with were aware of their responsibilities to safeguard people from potential abuse and were also aware of the agencies any incidents of abuse would need to be reported to.
- Relatives told us they believed their family member to be safe living at the home. One person told us, "I have been very pleased" and "Feel safe here."

Staffing and recruitment

- There were sufficient staff on duty to meet the needs of people living at the home. Recruitment was on going as it was recognised additional staff were needed as the number of people living at the home increased.
- People and their relatives felt sufficient staff were available. One person told us they felt safe at night knowing two members of staff were on duty if they needed them.
- Some people commented about the turn over of staff since the home opened. One relative told us they were aware of ongoing recruitment and believed the registered manager was, "Trying to get a good staff and make it work." The same person told us they believed staffing to be more stable.
- Checks were made as part of the providers recruitment procedures. These included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and



therefore helps prevent unsuitable staff from working with people who use the service.

#### Preventing and controlling infection

- People told us they were satisfied with the cleanliness of the home. One person told us the home was, "Nice and clean". Communal bathrooms and toilets were clean and tidy. Soap dispensers and handwashing facilities were available.
- Staff had personal protective equipment available to them for when they provided personal care such as gloves and aprons. Staff had access to blue aprons while serving food to people. These items assisted in the prevention of infection.
- Regular infection control audits were seen to be carried out.
- Perishable items held within fridges in kitchenettes were dated to prevent people having food served to them which was no longer safe and at risk of causing illness.

#### Learning lessons when things go wrong

- Accidents and incidents were analysed to recognise any trends and take action to reduce the chance of reoccurrence. The registered manager had taken action following accidents such as referrals to healthcare professionals and reviewing the layout of people's bedrooms.
- The registered manager told us they would discuss any lessons learnt as part of their regular morning meetings with staff.



## 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 Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A relative confirmed an assessment had taken place of their family member's care needs prior to them moving into the home. This was to ensure the staff team had the necessary skills and knowledge to meet the identified care needs.
- A member of staff recognised one person could be showing a sign of pain and acted upon this by checking the person was alright.

Staff support: induction, training, skills and experience

- One relative told us they believed staff to have the skills needed to care for their family member.
- The registered manager was aware of some areas where training was needed such as moving and handling and fire safety. This training was scheduled for shortly after the inspection. We were told these areas were covered in staff members induction training. The registered manager told us they intended to add fire training to the e-learning already in place for staff members.
- Newly appointed members of staff undertook induction training which covered areas including protecting people from abuse, fire safety, infection control and privacy and dignity.

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

- The majority of people were complementary about the food provided.
- People were given a choice of their midday meal. For some people this involved staff showing them a visual choice between the alternatives while other people were able to select from a verbal choice. People were offered a choice of drinks. Staff were seen checking whether people had had enough to eat.
- Snacks such as cake, fruit and biscuits were readily available for people and their visitors to help themselves to in the dining rooms.
- The chef was aware of people's likes and dislikes. This information matched what people told us and information within people's care plans.
- One person told us the menu on display was not always showing the correct day. We found the ones on

display within both dining rooms to be incorrect.

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

- People told us they liked the physical environment in which they were living. One person told us they liked sitting out in the garden.
- The registered manager was aware improvements could be made to assist people who living with dementia for example signage around the communal areas. Some people's bedrooms were recognisable using a memory box by their door.

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

- People were confident they were able to access healthcare professionals when they needed to do so. For example, seeing the doctor or advanced nurse practitioner if feeling unwell. People told us they had accessed healthcare professionals such as dentists.
- We saw action was taken to refer people to healthcare professionals such as district nurses in the event of people receiving damage to their skin following a fall.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager was aware of their responsibility to make an application for a DoL where a person lacked capacity and had deprived of their liberty.
- Staff were aware of the MCA and of the need to ensure people's consent was obtained before care and support was provided.



## 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 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 told us they liked the staff who provided their care and support. One person described living at the home as, "Absolutely brilliant" and, "I like everything. The staff are very, very kind".
- Staff were seen spending time with people having a chat. Staff were seen to be caring and polite. During these interactions we saw staff sitting next to people exchanging smiles, holding hands or with their arm around people. We saw genuine affection for people and a desire to make people's lives and wellbeing better for them. Staff were seen to check how one person was who had previously felt unwell.
- Staff were seen kneeling down when talking with people to ensure eye contact was maintained so conversations could take place effectively.

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

- Throughout our inspection we saw people making decisions and staff empowering people to make decisions. For example, staff consulted people before care and support was provided such as the use of protective clothing at meal times.
- People were able to choose where they spent their day such as in their own bedroom or with the communal areas of the home.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were good at maintaining their privacy and dignity.
- We saw staff members speak with people showing respect for them as an individual. Staff were able to tell us how they ensure people's privacy and dignity was upheld for example while they were providing personal care.
- People told us staff always knocked their bedroom door before entering. Staff were seen doing this.



## 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

- Care plans were in place and were reviewed regularly although these did not always show all elements of care such as in relation to medicines. One person did not have a care plan regarding one area of their care need. However, information on the condition in general was available for staff containing guidance. Changes to people's care were not always reflected in the person's care plan such as a reduction in the amount of fortified meals a person was having.
- A relative told us they were aware an 'extensive' care plan was in place regarding their family member.
- People told us staff responded to the call bell system promptly. One person said, "You only have to press the bell, and someone will come day or night." We heard the call bell sound a few times during the inspection and on each occasion, it was responded to quickly. Call bells were seen to be available in communal areas if people needed assistance.

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.

- The registered manager was aware of the accessible standards and assured us documents could be provided in large print.

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

- The provider had employed a full-time activities coordinator to work with people. During our inspection we saw people engaged in a craft activity. One person told us the member of staff, "Arranges things for us to do. Card making, flower arranging, outside games, painting and chair exercises." Another person told us they

planned to get their nails done during the afternoon.

- People's religious needs were able to be met by visiting clergy.
- A discussion involving people in the dining room was heard during which people confirmed they had enjoyed recent entertainment provided. People also engaged on a discussion about weekend television programmes in years gone by. This brought back memories for people as to programmes they had previously enjoyed.
- A relative told us their family member had celebrated their birthday at the home having a birthday tea. A relative told us staff, "Try and make an effort for everyone."
- We saw a cinema and notices of the forthcoming presentation for people to go along and enjoy.
- A scheduled of planned activities was in place with people having a personal copy within their bedroom.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints about the service provided.
- People told us they believed they would be listened to by the registered manager if they had any concerns or complaints about the care provided.

End of life care and support

- At the time of the inspection no one was receiving end of life care.
- The registered manager confirmed end of life training provided by a local hospice had taken place.



## 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 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

- There was a registered manager in post. They had recently registered with the Care Quality Commission.
- Quality checks were not always effective. Systems in place had not identified several shortfalls we saw during the inspection. These included medicine management and the safe storage of hazardous chemicals.
- Systems for monitoring and evaluating records regarding people's care had not always identified areas where a follow up was required or in place. Records indicated a person was to have a cream. Over one week later this item had not arrived, and this was not followed up to find out why the item had not arrived at the home. Although this was later found not to have been prescribed this was not known until followed up as a result of our finding. This meant monitoring of people's care was not always effective.

The registered manager responded immediately and told us following the inspection they had taken action to ensure there would not be reoccurrences in these areas.

The registered manager was aware there was a delay in opening the care home. They told us they had relocated their office, so it was nearer to the main reception area to give them a better oversight of the home.

- The registered manager had some new members of staff in senior roles. A deputy manager and a team leader had recently commenced their employment at the home.

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 was open with us throughout the inspection. They were aware improvements were needed in some areas. They had identified improvements were needed in relation to the testing of the

fire alarm. Although the frequency of testing had improved there were areas needing to be strengthened such as the sequential testing of the alarm.

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

- Staff spoke positively about the new registered manager. One staff member told us, "Trying to make the home the best she can." Other staff told us they believed the home had more 'structure' since the appointment of the new registered manager.
- The registered manager told us they had a good working relationship with the area manager and the directors.
- The registered manager had a good knowledge of people's care needs and was seen to attend the handover. During this they asked questions to clarify areas of people's care and checked staff had commenced short term care plans as needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Satisfaction surveys had been given to people and questionnaires had been given to people for their thoughts on the food provided. Additional satisfaction surveys had been given to people to complete. As part of the checks carried out by the provider people and relatives were asked for their feedback on the care and support provided.
- A suggestion box was available for people to make comments in the main entrance hall area.

Continuous learning and improving care

- The deputy manager told us they were committed to make further improvements such as within the care plans and increasing the frequency of medicine audits.
- The registered manager spoke of wishing to have champions amongst the staff team covering areas such as dignity, safeguarding and dementia. They told us they planned to introduce these roles.

Working in partnership with others

- We saw the registered manager had worked with healthcare professionals to maintain people's wellbeing.



## 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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered provider had not mitigated risks to people regarding the safe storage of chemicals and the management of medicines to keep people safe from potential harm.</p>