

# Wellfield and Henley House Limited

# Wellfield

## Inspection report

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## Ratings

### Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



## Overall summary

We carried out an inspection of Wellfield on 6 and 8 May 2015. The first day was unannounced. We last inspected Wellfield on 7 June 2013 and found the service was meeting the current regulations.

Wellfield is registered to provide accommodation and personal care for 29 older people. The home is located on Whalley Road and is on a main bus route to all areas of Hyndburn. The property is Victorian and set in well maintained gardens with outdoor seating areas.

The home was managed by 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.

People we spoke with told us they were very happy living at Wellfield and staff treated them well. They told us they felt safe and there was enough staff to attend to their needs when they needed them. People said, "It's wonderful here. There are no rules or regulations. The

# Summary of findings

staff are wonderful too”, “I’m very happy here” and “I can definitely say we are looked after well.” Routines were seen to be flexible to accommodate people’s varying needs and there were no institutional practices observed.

When we looked at people’s records we saw that risks to people’s health and welfare were identified. However these were not always kept under review and we have recommended the service takes action to address this.

People were cared for by staff that had been recruited safely and were both trained and receiving training to support them in their duties. We heard some positive comments about the staff and we observed staff were respectful to people and treated them with kindness in their day to day care. One person said, “I’ve lived here over twelve months now and I have no complaints whatsoever. I always find when you treat people with respect they will respect you. That’s how it is here, a mutual respect for each other. That makes you feel wanted and cared for.”

People had their medicines when they needed them. Medicines were managed safely. We found accurate records and appropriate processes were in place for the ordering, receipt, storage, administration and disposal of medicines.

The home was warm, clean and hygienic in all areas and people were satisfied with their bedrooms and living arrangements.

Staff were kept up to date with changes in people’s needs and circumstances and new staff were mentored by senior staff. Staff told us they were confident to take action if they witnessed or suspected any abusive or neglectful practice. Most staff had a basic understanding of The Mental Capacity Act 2005 (MCA 2005) and Deprivation of Liberty Safeguards (DoLS) and the principles behind it. The MCA 2005 and DoLS provide legal safeguards for people who may be unable to make decisions about their care.

Each person had an individual care plan and staff said they read these. Staff discussed people’s needs on a daily basis and following any changes in people’s needs. Staff

we spoke with had a good understanding of people’s personal values and needs. People were given additional support when they required this. Referrals had been made to the relevant health professionals for advice and support when people’s needs had changed.

A variety of activities were provided. The activity co-ordinator engaged with people who preferred to or benefitted from having one to one activity sessions. Visiting arrangements were good.

People told us they enjoyed their meals. Fresh produce was used and choices were offered with drinks and snacks being offered between meals. One person told us, “It’s a bit like being at home with different days for different things. We have a roast meal on Tuesday and Sunday and bacon and egg on Monday. There is a choice and if we don’t want what is on offer we can have something else to eat.” People’s nutritional need was being monitored and support was provided when problems were identified.

People told us they knew how to make a complaint and felt confident any issue they raised as a complaint or concern would be dealt with promptly. They told us the management of the service was good and they were given as much choice and control as possible into how the service was run for them. They were given surveys to complete and those we saw showed that people were pleased with the standard of service they received. Where suggestions for improvement had been noted, these had been addressed.

Staff told us they were happy with their working conditions. “We all work very well together. I think (Registered Manager) definitely has our welfare at heart. We get plenty of training” and, “We help one another and we are all working with one aim and that is the residents being happy. (Registered Manager) wouldn’t have it any other way. The residents are well looked after.”

The service had achieved the Investors In People (IIP) award. This is an external accredited award for providers who strive for excellence, which recognises achievement and values people.

# 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 not always safe.

Risk assessments had been completed to ensure people's welfare and safety; however these were not always kept under review. This meant people were at risk of having their changing needs overlooked and might not get the right support when they needed it.

Good recruitment practices kept people safe because character checks had been carried out before staff started work. Staff had a clear understanding of safeguarding people from abuse and had been trained to recognise this.

We found there were suitable arrangements in place to manage people's medication.

**Requires improvement**



### Is the service effective?

The service was effective.

The service was meeting the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Appropriate action was taken to make sure people's rights were protected.

People had access to healthcare services and received healthcare support.

Staff were supervised on a daily basis. All staff received a range of appropriate training and support to give them the necessary skills and knowledge to help them look after people properly.

People were supported to have sufficient to eat and drink and maintain a balanced diet. People told us they enjoyed their meals.

**Good**



### Is the service caring?

The service was caring.

We found staff were patient, friendly and supportive when they were helping people and people told us staff cared for them very well.

People were treated with kindness and respect and their dignity was respected. Staff had a good understanding of people's personal values and needs and acknowledged this in how they supported people in their day to day care.

**Good**



### Is the service responsive?

The service was responsive.

People's health and well-being was monitored. Appropriate advice and support had been sought in response to changes in their condition.

**Good**



# Summary of findings

People had a personalised care plan which provided guidance for staff on how to meet their needs. Activities were being provided that were varied and personalised for people.

People knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

## Is the service well-led?

The service was well-led.

The registered manager monitored people's care and support and provided supervision of staff on a daily basis, which allowed work performance and development needs to be monitored.

There were effective systems in place to seek people's views and opinions about the running of the home. This was supported by a variety of systems and methods to assess and monitor the quality of the service.

Good



# Wellfield

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 6 and 8 May 2015 and the first day was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed the information we held about the service such as notifications, complaints and safeguarding information.

We used a number of different methods to help us understand the experiences of people who used the service. We spoke with 12 people living in the home, and four visitors. We also spoke with four care staff, a cook, the registered manager and the care manager. We observed care and support being delivered by staff.

We looked at a sample of records including three people's care plans and other associated documentation, three staff recruitment records, training records, minutes from meetings, complaints and compliments records, medication records, policies and procedures and audits. We also looked at the results from a recent survey that had been completed by people living in the home.

# Is the service safe?

## Our findings

People we spoke with told us they were very happy living at Wellfield. We asked people living in the home if they had ever had cause for concern with regard to how staff treated them and other people. They told us staff treated them well and they felt safe. They commented, “It’s wonderful here. There are no rules or regulations, you know what I mean, don’t do this or do that. The staff are wonderful too” and “I’m very happy here. We all got postal votes for the election. I have all the comforts I need and the place is lovely and warm. I can definitely say we are looked after well.” One person told us, “They (staff) have the patience of Job. I couldn’t do this job. I’ve heard people not speaking very nicely to staff but they don’t say anything back. They treat people kindly and help them when needed.”

People told us there were enough staff to support them as they needed and wished. One person said, “They are very good. I ring my buzzer and they are there day and night. I’ve never a problem and I’ve lived here a while. You can have a cup of tea whenever you want one. I have no complaints everything is good.” Another person told us, “I kept falling when I lived at home. I feel safe here. We have a buzzer and the staff come. I don’t have to use it really; there is always someone around to help me.”

We looked at how the service managed risk. Environmental risk assessments were in place and individual risks had been assessed and recorded in people’s care plan. Records however showed risks were not always kept under review when people’s needs had changed. We saw evidence of this in two records we looked at. We discussed this with the registered manager who assured us they were in constant consultation with family members in managing these risks, but had not kept a record of any discussion. The registered manager told us the new computer system for care management was not very good in evidencing this, and assured us in future handwritten notes would be completed to make sure the right action was taken in meeting people’s needs.

We looked at records of three staff employed at the service to check safe recruitment procedures had been followed. We found completed application forms, references received and evidence the Disclosure and Barring Service (DBS) checks were completed for applicants prior to them

working. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This check helps employers make safer recruitment decisions.

We discussed safeguarding procedures with staff. They were clear about what to do if they had any concerns and indicated they would have no hesitation in following safeguarding procedures if required. There were policies and procedures in place for staff reference including whistle blowing. Whistleblowing is when a worker reports suspected wrongdoing at work. Officially this is called ‘making a disclosure in the public interest’. Staff told us they had training in safeguarding vulnerable adults and this was updated regularly. We saw the registered manager had co-operated with the local safeguarding team to investigate a concern that had been raised.

We found the premises to be clean and hygienic in all areas we looked at. We observed staff wore protective clothing such as gloves and aprons when carrying out their duties. Bathrooms and toilets were clean and there were infection control policies and procedures in place for staff reference.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Arrangements were in place for confirming people’s current medicines on admission to the home. Medication was delivered pre packed with corresponding Medication Administration Records (MAR) sheets for staff to use.

We found that where new medicines were prescribed, these were promptly started and that sufficient stocks were maintained to allow continuity of treatment. People requiring urgent medication such as antibiotics received them promptly. Arrangements with the supplying pharmacy to deal with these requirements were good as they had links with GP’s prescribing medicines. We looked at all the MAR’s and found them to be complete and up to date. Care records showed people had consented to their medication being managed by the service. Where medicines were prescribed ‘when required’ or medicines with a ‘variable’ dose, these medicines were offered consistently by staff as good practice. The manager told us all staff designated to administer medication had completed accredited training. Staff administering medicines told us they had been trained.

## Is the service safe?

Staff training records showed some staff had received training to deal with emergencies such as fire evacuation and first aid and were trained in the safe moving and handling of people. Plans were in place for staff to renew and update their training. Security to the premises was good and visitors were required to sign in and out.

**We recommend that the service takes action to make sure risk to people's health and welfare is kept under review.**

# Is the service effective?

## Our findings

People we spoke with told us staff were very good at helping them when they needed help. We were given examples how staff had helped people to gain more independence since their stay at Wellfield. One person said, "I fell and broke my hip. Since I have been back from hospital with the staff helping me, I am managing to walk a little bit and I'm getting stronger every day. They don't let me overdo things and make sure I rest when I can." Another person told us, "I'm very happy here. I like to sit out in the garden sometimes but the weather doesn't always allow that. Staff help me when I need it. I only have to press my buzzer and they are there. They don't take over; they ask what I would like them to do. I have no problems here; they know me very well, what I like and what I don't."

We asked people if they were involved in decisions about their care and were given good examples. For instance people told us it had been their own decision to live at the home. The registered manager and their family had been involved in their move and had discussed the help they needed. One person told us, "I just couldn't manage on my own. My family are very good but its better being here because sometimes I need help at night." The registered manager told us most admissions to the service were planned for and a short stay period offered. This allowed people time to consider their options and to make an informed decision to stay. People had a contract outlining the terms and conditions of residence that protected their legal rights. Care plans were signed as agreed and consent to care and support recorded.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions were protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this. The Care Quality Commission (CQC) is required by law to monitor the operation of DoLS. We spoke with staff to check their understanding of these and found staff had a basic awareness and confirmed they had received training in these topics.

There had been no applications made to deprive a person of their liberty in order to safeguard them. However, the

manager understood when an application should be made and the procedure to follow. We did not observe any potential restrictions imposed on people or deprivations of liberty during our visit.

Staff we spoke with were aware of people's capacity to make choices and decisions about their lives. Care plans we looked at showed people's wishes had been recorded. Staff were required to take into account people's wishes. They were also guided to take into account communication difficulties people may have when expressing their wishes and what they must do to make sure people were understood. Examples of these instructions were to maintain eye contact, speak slowly and to offer people choices by showing people their options. This approach helped to make sure people received the help and support they needed and wanted.

We looked at how people were supported with their health. People's healthcare needs were considered as part of ongoing reviews. Records had been made of healthcare visits, including GPs, district nurses and the chiropodist. We found the service had good links with other health care professionals and specialists to help make sure people received the right care and support.

Staff spoken with had a good understanding of their role and responsibilities and of standards expected from the registered manager and provider. We discussed training opportunities with them. They told us they were given opportunities and time to attend training. Training included safeguarding vulnerable adults, moving and handling, fire safety, infection control, first aid, food safety, health and safety and the MCA 2005 and DoLS. We looked at an up to date training record and noticed that some staff had not completed essential training such as first aid. One staff had not attended moving and handling since 2008. The registered manager told us she was currently taking measures to address this as the provider had funded all training and on occasions staff did not turn up. Staff also had the opportunity to attend more specialists training such as dementia awareness and end of life care.

The registered manager told us she and two members of staff were to have training in end of life care linked to 'Gold Standards Framework' (GSF). She explained that to qualify for accreditation, they had to undertake the full GSF training program over 9 months, embed this into the home for at least 6 months and then undertake a rigorous accreditation process 'Going for Gold'.



## Is the service effective?

We spoke with a member of staff on induction training. They told us everything was going well and they were happy with the level of supervision they were receiving. They said, “The support I’ve had from the staff and manager has been fantastic. I’m really enjoying my job.” We found there was a good induction programme for new staff that should help to make sure they were confident, safe and competent to work at the home.

Staff told us they had regular supervision. They were kept up to date with changes in people’s needs and circumstances at the start of every shift with daily handover meetings. The registered manager told us all staff had appraisals and were supervised on a daily basis which allowed work performance and development needs to be monitored. Formal supervision was planned for. Staff meetings also took place, providing opportunity to keep staff updated regarding any changes to working arrangements and best practice issues.

We looked at measures the service had taken to make sure people were supported to have adequate nutrition and hydration. Nutritional needs had been assessed on admission and had continued to be assessed as part of routine reviews of care needs. Risk assessments were in place to support people with particular nutritional needs. We saw for example staff were instructed to serve meals where people wanted, weigh people and report any loss in weight or any problems people had.

We observed lunch and tea time during our visit. We noted people were given support and assistance as necessary to eat their food. Most people were complimentary about the food and described the food as being ‘good’, ‘all right’ and

‘very nice’. One person told us “It’s a bit like being at home. We have a roast meal on Tuesday and Sunday and bacon and egg on Monday. There is a choice and if we don’t want what is on offer we can have something else.” Another person told us, “The food is ok and I do like to try different things.” Where people had blended food we discussed the benefit of serving meat and vegetables separately rather than blended together to allow people to experience different textures and tastes. The registered manager said it was no problem for the cook to do this. We observed drinks and snacks served at regular intervals and people could choose where to eat their meals.

We spoke with the cook. They told us they used fresh produce for all the meals. There was no budgetary limit on food and people could have what they wanted. Although they followed a menu there was some flexibility regarding meals. People’s preferences were catered for.

We looked around the premises. The home was a large Victorian style house with various aids and adaptations arranged to promote people’s freedom, independence and wellbeing. People with difficulty using the stairs could access the upper floor via passenger lifts. We looked in people’s bedrooms and saw some had been nicely decorated and had evidence of personal items and mementoes in them. People had personalised their bedrooms and arranged them as they wished. People had access to a call bell in bedrooms and bathrooms enabling them to summon staff when they needed support. Bathrooms were equipped with aids and adaptations to support people with their bathing requirements.

# Is the service caring?

## Our findings

People we spoke with said they were cared for very well. They were happy with the staff who were described as “very caring” and “good”. One person commented, “The staff here are marvellous. They would do anything for you.” Another person told us, “The staff are good and (registered manager) is like a mother to us. She makes sure we are looked after very well.” One person said, “I have everything I need and more. I couldn’t fault the staff at all. They do such a good job and they care about us.”

During our visit we observed staff responding to people in a kind and friendly manner. We found staff were respectful and patient. Where people required one to one support such as with eating and personal care this was given in a dignified manner. People were not rushed and staff chatted with them and gave gentle encouragement and reminders for people who needed prompting. One person we spoke with said, “I’ve lived here over twelve months now and I have no complaints whatsoever. I always find when you treat people with respect they will respect you. That’s how it is here, a mutual respect for each other. That makes you feel wanted and cared for.”

We spoke with three relatives who told us they were always kept informed about what was going on. They were involved in their relation’s care plan and felt their relatives’ needs were being met. Visiting arrangements were very good and they were made to feel welcome by the registered manager and staff whatever time they called. A volunteer to the service told us that in addition to offering entertainment, they also befriended people who had no regular visitors. Proper character checks had been carried out before they started providing this service and they considered the home had a ‘lovely atmosphere’.

Staff we spoke with had a good understanding of people’s personal values and needs. They knew what was important to people and what they should be mindful of when

providing their care and support. One staff member told us, “If I can make one person smile, it has made my day. We know every resident here, what they like and don’t like and we go out of our way to keep people happy and content.” Staff told us they worked to a key worker system which meant they took particular responsibility to make sure people had everything they needed and they spent time with them to build up good relationships.

The service had policies in place in relation to privacy and dignity and a charter of resident’s rights. Staff were expected to familiarise themselves with these and induction training covered principles of care such as privacy, dignity, independence, choice and rights. We looked at people’s comments in a recent quality monitoring survey that had been carried out and noted comments such as, “The staff are very informative and caring towards my mother, and us her family.” And “The staff are lovely. I am very happy with them.”

We looked at three people’s care plans and a selection of records relating to other people’s care. Areas covered and planned for included known medical problems, mobility needs, dietary requirements, medication, daily care needs, and also social areas of need. There was evidence in daily records we viewed, staff responded to people’s needs as required.

The registered manager told us they were being formally trained in end of life care. This would help staff support people and their family during this time and make sure people’s preferences and choices for end of life care were acknowledged and acted on. The registered manager said people had the right to be cared for as they wished and they worked closely with family members, GP’s and community health care workers to prevent unnecessary admissions to hospitals. They had many acknowledgements from relatives thanking them for the level of care they had provided during this time.

# Is the service responsive?

## Our findings

We asked people if they had an opportunity to visit the home and discuss their requirements with the registered manager or member of staff before they decided to stay. One person told us, “The manager came to see me and asked me some questions. I was in hospital and I told her I just want to get back on my feet. I was struggling. She explained what it would be like and that staff would help me as much as I wanted. I’m getting better and stronger and can do that bit more for myself, but I still need help to have a shower. I haven’t been disappointed so far.” Another person told us, “I’ve been here a while now. I couldn’t manage on my own because I’m awkward with walking and I need help to have a bath. I’m satisfied with everything so far and we discuss things like getting help from physio to get me moving again. I’m very happy.”

We looked at assessment records for three people. These were detailed and included information about the persons' care and welfare needs including mental capacity. We saw that people had an opportunity to express their views regarding their needs and had been involved in making decisions about their care and support. Emergency contact details for next of kin or representative were recorded in care records as routine. People’s preferred term of address, favourite foods and usual daily living routine had been recorded. Personalised profiles were completed that provided staff with some insight into people’s needs, expectations and life experience. Each person had a care plan that was personal to them which included information about the care and support they needed. Information included likes, dislikes and preferences, routines and how people communicated. Care plans were risk based and processes were in place to monitor and respond to changes in people’s health and well-being. Staff reported on a daily basis about the care they provided and told us they had daily handover meetings between shifts to discuss people’s care needs.

We saw that people’s needs had continued to be assessed and changes in people’s needs planned for. There was

evidence people had been involved in this. Relatives we spoke with told us they were always contacted if there were any significant changes to their relation’s needs. We noted residents meetings were being held and the provider had also given people and their relatives’ questionnaires to complete regarding their continuing care and support. Overall results showed people were satisfied they received the right care and support. People told us the registered manager worked at the home every day and made a point of talking to them. She escorted people on hospital appointments and arranged for GP visits and routine health screening.

We saw there were social events for people to take part in and a variety of activities on offer. People told us they could do what they wanted. One person told us, “I’m quite happy here thank you. I had a good time on my birthday. There was bunting up outside and we had afternoon tea in the garden and my grandson came. There is always something going on. I don’t always want to join in but that’s my choice.” Another person told us, “I fell and broke my leg. I’m mending nicely now. I like to get out in the garden when it’s nice and once my leg is healed properly I can start going into town with my friend like I used to. The activity organiser arranges all sorts for us. She is very good. We had postal votes for the elections and (registered manager) kept us up to date with everything that was going on.”

We spoke with the activity coordinator. They showed us people’s individual records of activities they had participated in. It was evident people received one to one attention and we were told they had planned to do sensory activities for stimulation. The service had a complaints procedure which was made available to people they supported and their family members. The registered manager told us the staff team worked very closely with people and their families and any comments were acted upon straight away before they became a concern or complaint. People we spoke with told us they knew how to make a complaint and felt confident any issue they raised would be dealt with promptly.

# Is the service well-led?

## Our findings

We asked people who lived in the home if they were routinely asked about their experience of receiving care and support and their living conditions. For example we asked people if the registered manager talked to them and spent time with them. One person said, “Any problems and (Registered Manager) will sort it out.” Another person said, “(Registered Manager) is always here and spends time with us. We are involved in everything that is going on, it doesn’t matter what it is, it’s shared between us all and we are always asked for our opinion. I don’t bother filling out those questionnaires, my son does that for me. I say what I need to say and when I need to say it. We have everything we need.”

People who lived at the home were given as much choice and control as possible into how the service was run for them. We looked at completed quality monitoring satisfaction questionnaires people using the service and or their family had completed. It was clear people were pleased with the standard of service they received. Where suggestions for improvement had been noted these had been addressed. For instance two people had said they wanted more help in their bedroom and they were asked how they (staff) could improve this for them.

Staff indicated they were happy with the management arrangements. They told us, “We all work very well together. I think (Registered Manager) definitely has our welfare at heart. We get plenty of training.” Another staff member told us, “We all get on well together here and we have a laugh. The manager is always about and we can approach her with any problem we have, I’ve worked in other homes before here and I can honestly say this is one of the best

places I’ve worked. We help one another and we are all working with one aim and that is the residents being happy and well cared for. (Registered Manager) wouldn’t have it any other way. The residents are well looked after.”

Staff we spoke with knew their role and what responsibilities they had in delivering a good service to people. We found there were processes in place to support the manager to account for actions, behaviours and the performance of staff. We discussed staff responsibilities with the registered manager. She told us they were considering identifying staff who would take more responsibility and have lead roles such as in dementia care, infection control, health and safety, medication and safeguard. This would help to ensure staff were kept up to date with best practice and provide management with more support in day to day monitoring of the service.

There were systems in place to regularly assess and monitor the quality of the service. They included checks of the medication systems, care plans, money, activities, staff training, infection control and the environment. Guidance was also followed such as health and safety in the work place, fire regulations and control of hazardous substances.

There was a registered manager in day to day charge of the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. People made positive comments about the registered manager. Staff described the registered manager as ‘approachable’ and ‘easy to talk to’.

The service had achieved the Investors In People (IIP) award. This is an external accredited award for providers who demonstrate commitment to good business and excellence in people management.