

Mrs Ann Benson

The Waynes - Bridlington

Inspection report

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Date of inspection visit:
22 April 2022
04 May 2022
09 May 2022

Date of publication:
01 July 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Waynes -Bridlington is a residential care home providing accommodation and personal care to up to 30 people. The service provides support to older adults and people living with dementia. At the time of our inspection there were 21 people using the service.

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

Quality Monitoring systems were not always effective and failed to identify the shortfalls found during the inspection. The provider had failed to follow their own policies and procedures and learn from external audits to improve the quality and safety of the service.

Risks to the health and safety of people were not always managed. Records did not always accurately reflect people's care needs to ensure people's health, safety and welfare was appropriately supported. Risks that could put people at harm, for example, risk of falls from height and security of the building had not been suitably identified and addressed.

Medicines were not safely managed. Best practice guidance was not followed to ensure the safe administration of medicines. Records in relation to medicines were not accurate, up to date or legible.

There was not always staff on duty with up to date training, this meant tasks such as medicines administration were at times carried out by staff who did not have up to date training. Staff did not always have up to date training or competency assessments to ensure they had the required skills and knowledge to complete their roles.

Recruitment procedures were in place, but records were not always robust. We have made a recommendation regarding recruitment.

The service was not clean on the first day of inspection. We have made a recommendation regarding preventing and controlling the spread of infection.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Records were not always accurate and up to date to show people's capacity had been assessed and when people were giving consent on people's behalf it was unclear if they had the legal authority to do so.

Staff felt well supported by the management team and told us there was a 'family feel' to the service.

People told us they felt safe. Staff understood their responsibilities to report any safeguarding concerns. People and relatives spoke positively about the service and the kind nature of the staff team. Staff knew

people well and treated them with kindness and respect.

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

Rating at last inspection and update

The last rating for this service was good (published 29 September 2018).

Why we inspected

We undertook a targeted inspection to review the infection prevention control measures in place.

We inspected and found there was a concern with risk management and infection prevention control, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe, effective and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to risk management, medicines management, staffing and governance.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always effective.

Details are in our effective 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 Waynes - Bridlington

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 Health and Social Care Act 2008.

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

Two inspectors carried out this inspection.

Service and service type

The Waynes - Bridlington is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Wayne's is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

The first day of our inspection was announced. The further visit's were unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and made telephone calls to seven relatives to gain feedback about their experience of the care provided. We spoke with a variety of staff including the registered manager and two care managers. We made telephone calls to the cook and some care workers. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and two staff files in relation to training. A variety of records relating to the management of the service, including audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures. We liaised with the local authority to discuss our findings.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Environmental risks were not safely managed. Risk assessments in relation to window safety were not robust. The providers window safety risk assessment was out of date and had not been reviewed in a timely manner. It did not contain enough detail to mitigate risks. The environmental risk assessment had failed to identify that not all windows had restrictors fitted and two windows were compromised due to cracks in the glass.
- Risks to people were not always addressed. Risk assessments were not always in place when there was a known risk. For example, risks from falling from height and people leaving the building unsupervised had not been acted upon.
- When risk assessments had been reviewed, they were not always accurate. For example, one person's risk assessment said they had not experienced any falls, but they fallen prior to the review.
- Safety measures such as visitors signing in the building were not being followed. In the event of an emergency there would be no records of who was in the building.
- Procedures for the management of legionella were not robust. Health and Safety guidance was not always followed to prevent the risk of spread of legionella. For example, we could not be assured descaling cleaning taps or shower heads had taken place or that routine flushing of unoccupied rooms or infrequently used outlets had been carried out.

The failure to do all that is reasonably practical to assess and mitigate risks and provide safe care and treatment to service users was a breach of Regulation 12 of the Health and Social Care Act 2008(regulated Activities) Regulations 2014.

- The provider fitted window restrictors, ordered new glass and implemented a new visitors book during the inspection.

Using medicines safely

- Medicines were not managed safely. We were made aware of, medicines being left out for untrained staff to administer at a later time.
- People were at risk of experiencing delays in receiving 'as and when' required medicines due to there not always being medicines trained staff in the building.
- Medication Administration Records (MAR) were not clear and legible. Staff were administering medications when the MAR had been hand written and no prescribers instructions had been recorded.
- Staff we spoke with were not aware of specific drinks people could not have due to their medicines.

- The provider had failed to follow their own policy and learn from a pharmacy audit in 2019. For example, ensuring PRN protocols were in place and regularly reviewed and doing weekly stock verification of Controlled Drugs.

The failure to ensure medicines were safely managed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider contacted the local pharmacist to gain support to address some areas identified at this inspection.

Staffing and recruitment

- Recruitment procedures were in place but records were not robust. Gaps and discrepancies in people's employment history were not always explored.
- The provider had failed to staff the service in line with their own risk assessment.
- Consideration had not been taken to ensure staff working at the home were suitably deployed with the correct skills required to keep people safe.

We recommended the provider review their procedures in relation to recruitment and safe deployment of staff.

Preventing and controlling infection

- The service was not always clean. Window frames were dirty and we found cobwebs in people's rooms. Additionally, we saw cupboards under people's sinks were sometimes dirty and stained from uncleaned spillages, and noted dust build up on handrails. The provider addressed this by the second day of inspection.
- Good practice guidance to reduce the risk of spread of infection had not always been considered. Chairs were not of wipeable material and some chairs required cleaning.

We recommended the provider reviews their procedures for preventing and controlling infection.

- The provider had built a staffing area which included staff toilets and changing rooms in response to the COVID-19 pandemic.

Visiting in care homes

- The provider had systems in place to ensure visits were managed in line with the government guidance. People told us that they regularly had visits from family and friends.

Learning lessons when things go wrong

- There was no analysis or monitoring of accident and incidents for themes and trends to enable the provider to learn lessons.
- The registered manager reviewed accident and incidents, but on occasion these had been placed in a different file so the registered manager was not always aware of the accident to ensure appropriate action had been taken.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe at the service. One relative told us, "Yes I feel my relative is safe, I go away and feel she is safe and well looked after and I don't have to worry like I used to."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff training was not always completed or up to date. Training that had occurred was not sufficiently robust, for example; some manual handling training had no practical element and the test had not been completed by the trainee so their knowledge had not been assessed.
- There was not always staff on shift with up to date medicines training. This meant at times people were administered medicines by staff who had not any recent training or competency assessments.
- There was not always staff on shift who had up to date first aid training. This meant people were put at risk of not receiving appropriate first aid training in an emergency.
- Staff had not always have up to date training as indicated in people's care plans. For example, people's DoLS care plan referenced staff were trained in this area, however the providers training matrix showed only one staff had up to date training.

Failure to have sufficient numbers of trained staff is a breach of regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the registered manager provided us with assurances that staff training had commenced.
- We could not be assured staff received a robust and thorough induction. There was no record of induction other than staff signing some of the providers policies and procedures.
- Staff did not have regular recorded supervision, however they told us they could approach the management at any time, and they felt supported.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Records were not always in place to show people's capacity had been assessed when decisions had been made on their behalf.
- It was unclear when relatives were consenting to care if they had the legal authority to do so.
- One person's liberty was restricted but no application had been submitted to ensure the legal safeguards to support this were in place.

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

- People's oral health was not assessed' and care plans were not in place to support with oral hygiene.
- Risks that were identified at pre assessment were not always used to develop risk assessments to keep people safe.

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

- People were offered a choice of meals, however measures in place to support people to make choices were not used effectively. The picture menus did not contain the choices that were on offer on the day of inspection. People were not offered a choice of condiments and drinks during the lunch time experience.
- People's fluid and nutrition was not always recorded and monitored when their assessments indicated this should be carried out.
- People told us they were able to access food and drink when they wanted to.

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

- People and their relatives told us they were supported to access health care. One relative told us; "They support with any health appointments and always keep us fully informed".
- People were supported to access health professional's such as GP'S and district nurses.

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

- People had a choice of areas that they could choose to spend time. This included lounges and dining areas.
- People were happy with their bedrooms. Bedrooms contained people's personal items such as photos.

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 our last inspection we rated this key question good. At this inspection the rating has changed to 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

- Governance systems were not effective. They had not identified or addressed the issues we found at inspection. This included staffing levels, training, medicines, infection and prevention control and risk management.
- The provider had failed to follow their own policies and procedures in relation to recruitment, security of the building and medicines management. Best practice guidelines had not been implemented.
- The provider had failed learn and improve the service from external professional advice and audits. This included a previous pharmacy audit and infection control audit.
- Records were not always robust, accurate, up to date or in place. Care plans, risk assessments and recruitment records were not always accurate or completed in a timely manner. Care plans sometimes lacked person-centred detail.

Failure to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Working in partnership with others; 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 worked in partnership with health and social care professionals. However, we were not always assured advice and guidance was always followed.
- The provider was aware of their requirement to tell people when things go wrong and apologise.

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

- People told us they were happy with the service and felt there was effective communication. Although people told us they were consulted with, the registered manager had not kept a record of all feedback provided. One relative told us, "I have never had a relative meeting or a survey, but they speak to us individually and keep us up to date."
- Staff felt well supported by the management team. One staff told us, "Its a family unit here, I can go to my managers for anything. COVID-19 has brought us all together. I take my hat off to all the management team, we can go to them at any time, we are never burden."

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

outcomes for people

- People were happy with the care they received. One person told us; "I like it better here and I am definitely happier here. The staff are very good, without exception. They never moan and groan."
- People and staff had developed positive relationships. People talked with warmth about the relationships they had developed with staff and the banter they had about their hobbies such as supporting different football teams.

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
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there was sufficient suitably trained staff. 18 (1)(2)(a)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure risks to the health and safety of people had been effectively mitigated. Medicines were not safely managed. 12 (1)(2)(a)(b)(c)(g)

The enforcement action we took:

We have issued a warning notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to keep accurate, up to date and contemporaneous records. 17 (1)(2)(a)(b)(c)(d)

The enforcement action we took:

We have issued a warning notice