Hadrian Healthcare (Wetherby) Limited

Wetherby Manor

Inspection report

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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?	Outstanding
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 16 and 22 October 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. Wetherby Manor was last inspected by CQC on May 2016 and was rated good.

At this inspection we found the evidence continued to support the rating of 'good' and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risk or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Wetherby Manor 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.

Wetherby Manor accommodates up to 75 older people, some of whom are living with dementia, others have nursing care or mental health needs. On the day of our inspection there were 68 people using the service. People who used the service and their relatives were complimentary about the standard of care.

The service had a registered manager in place. A registered manager is a person who has registered with CQC 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.

Staff and the provider went above and beyond to improve people's day to day lives. People were supported to identify and meet their dreams. Other people tried new innovative ways of stimulation using state of the art technology to recreate memories. People told us and we observed they shared close relationships with staff and staff would spend their own time talking with people.

We found people had their dreams identified and the service worked with the person to make these dreams come true. We observed and people told us staff were exceptionally caring in their attitude and involved them in all decisions about their care.

The provider had an effective recruitment and selection procedure in place and carried out relevant checks when they employed staff. There were sufficient numbers of staff on duty in order to meet the needs of people who used the service. Staff were supported to provide care to people who used the service through a range of mandatory training, supervision and appraisal. Staff said they felt supported by the registered manager.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible. People were supported to have maximum choice

and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Activities were arranged for people who used the service based on their likes and interests and to help meet their social needs, in the home and within the local community.

Care records showed people's needs were assessed before they started using the service and care plans were written in a person-centred way and were reviewed regularly. Person-centred care is about ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

The registered manager understood their responsibilities about safeguarding and staff had been trained in safeguarding vulnerable adults. People were protected from the risk of poor nutrition and staff were aware of people's nutritional needs. People had access to healthcare services and received ongoing healthcare support. Appropriate arrangements were in place for the safe management and administration of medicines.

The home was clean, spacious and suitable to support the needs of the people who used the service. The provider had effective procedures in place for managing the maintenance of the premises and appropriate health and safety checks were carried out. Accidents and incidents were appropriately recorded and risk assessments were in place where required.

The provider had an effective complaints procedure in place and people who used the service and their relatives were aware of how to make a complaint. The provider had a quality assurance process in place. People who used the service, relatives and staff were regularly consulted about the quality of the service through meetings and surveys.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service had improved to outstanding.	**Outstanding** ☆
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Wetherby Manor

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 16 and 26 October 2018 and was unannounced. This meant the staff and the provider did not know we would be visiting. The inspection was carried out by an inspector, two Experts by Experience, a governance speciality advisor and a primary medical service inspector. The expert by experience had personal experience of caring for someone who used this type of care service.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This included support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in relation to oral health for people living in care homes in 2019.

Before we visited the home, we checked the information we held about this location and the service provider, for example we looked at the inspection history, complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law.

We contacted professionals involved in caring for people who used the service, including commissioners and infection control staff. Information provided by these professionals was used to inform the inspection.

We used the provider information return to help us with planning. This is information we require providers to send us at least once annually 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 our inspection we spoke with 13 people who used the service and six relatives. We spoke with the

registered manager, deputy manager, five care staff and domestic staff.

We looked at the personal care and treatment records of seven people who used the service and observed how people were being cared for. We also looked at the personnel files for five members of staff.

We reviewed staff training and recruitment records for five staff. We also looked at records relating to the management of the service such as quality audits, surveys and policies.

Good

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at Wetherby Manor. One person said, "Oh absolutely we are safe here." Another person said, "Oh yes, no one has anything to worry about."

Appropriate arrangements and policies were in place for the safe management and administration of medicines. Staff were able to explain how the process of administration worked and were knowledgeable about people's medicines. Medicines were stored appropriately and temperature checks for treatment rooms and refrigerators were recorded on a daily basis to ensure they remained safe for use.

People's medication administration records (MAR) showed the medicines a person had been prescribed and recorded whether they had been administered or the reasons for non-administration. Records we viewed were up to date with no omissions. Staff who administered medicines were trained and were required to undertake an annual competence assessment. Medicine audits were up to date. During the inspection we found some shortfalls with the medication process. For example, the medication trolley had been left open for a short period of time, and an error with recording for one person's medicine. We mentioned these to the registered manager who immediately investigated the issues despite no harm being caused.

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. Part of the recruitment process was to observe interaction of potential new staff working with people. There were sufficient staff on duty to respond to people's changing needs. When people came to live at the service, staff used a dependency tool to identify the person's needs. These dependency tools were calculated monthly and indicated to the registered manager how many staff were required to support people. Our observations showed there was enough staff to support people in a timely manner.

The provider's safeguarding policy provided staff with guidance regarding how to report any allegations and/or instances of abuse. Staff had been trained in how to protect vulnerable people. The staff we spoke with demonstrated a good awareness of safeguarding and whistleblowing procedures. All potential safeguarding issues were investigated and monitored.

The home was clean, spacious and suitable for the people who used the service. The provider had procedures in place for managing the maintenance of the premises. Appropriate personal protective equipment (PPE) and hand washing facilities were available. Staff had completed infection control training which they applied in their roles to minimise the risk of cross contamination and reduce the spread of infections.

Accidents and incidents were recorded and referrals made to professionals when required, for example, to the tissue viability nurse for pressure area care. People had risk assessments in place relating to, for example, falls and nutrition. The assessments were detailed to ensure staff were able to identify and minimise the risks to keep people safe.

There were arrangements in place for keeping people safe in the event of an emergency. The provider's business continuity and emergency recovery plan provided the procedures to be followed in the event of a range of emergencies, alternative evacuation locations and emergency contact details. Appropriate health and safety checks were carried out and the records for portable appliance testing and gas safety were up to date.

Good

Is the service effective?

Our findings

People who lived at Wetherby Manor received care and support from trained and well supported staff. One person told us, "I have everything I need" and one relative said, "I'm so happy they (relative) are here. Staff know what they are doing and I know (relatives name) gets everything they need."

Staff had completed all relevant training. For staff new to health and social care, they were supported through the Care Certificate. The Care Certificate is a nationally recognised qualification for staff who are new to the care industry. The nursing staff held a valid professional registration with the Nursing and Midwifery Council. Nursing staff shared good practice with other nurses from other services every three months. Staff were supported in their role and received monthly supervisions and an annual appraisal. The service had two infection control champions and one dignity champion who received additional training in these areas and could impart their knowledge onto other staff.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). People told us the staff asked for their consent before providing any care. We saw some people who used the service lacked the capacity to make their own decisions. Assessments had been filled in and best interest decisions had been completed on their behalf. Applications for DoLS safeguards were made appropriately.

During lunch time we observed staff assisted people to their tables in the dining room and we saw staff supporting people, if they required assistance with their meal. Staff chatted with people and the mealtime was not rushed. Lunch was a sociable experience. People could eat in their own bedrooms, if they preferred. One person told us, "Everyone is there and the food is good. It's a lovely time" and one relative said, "I have seen them at meal time before, I'm jealous."

Staff were knowledgeable about people's special dietary needs and preferences. The provider had a nutrition policy in place and staff had completed training in diet, nutrition, food hygiene, hydration and food allergies. Care records provided information on people's preferences, whether they had any specific dietary needs and guidance for staff to follow to support the person. They also demonstrated people's weight being monitored regularly. People had access to healthcare services and received ongoing healthcare support.

The layout of the building provided adequate space for people with walking aids or wheelchairs to mobilise safely and was suitably designed for the people living with dementia. On one floor where people living with dementia resided, we saw the environment decorated in different themes to stimulate memories.

The service made use of technology to assist people. The registered manager had recently introduced bed

sensors instead of floor sensor mats to support people when they were at risk of falls, as people often walked around floor mats or tripped on them. Since the introduction of these bed sensors the registered manager reported that the number of falls occurring in people's bedrooms had reduced.

Outstanding ☆

Is the service caring?

Our findings

The service continued to receive consistent praise and compliments via thank you letters and cards. People who used the service and their relatives were complimentary about the standard of care at Wetherby Manor. One person told us, "The staff are great. They let us know everything that happens and I have full confidence in them. (Person's name) tells me they really like it here." Another person told us, "Staff chat with us and ask us about what we like doing. They are all perfect."

There was a strong, visible person-centred culture. This was evident from all staff within all roles including care staff, domestic staff and management. The person-centred culture was embedded at all levels. For example, we observed staff chatting to people in communal areas and engaged with them in meaningful conversation. Staff knew people's names and talked with, and listened to people in a kind and caring manner. One person told us, "They (the staff) are all so lovely. I love having a chat with them." The registered manager told us people all had a key member of staff who was linked with them specifically. For example, staff were linked with people because of their shared hobbies or interests. This enabled positive relationships and topics for discussion. As staff built good relationships with people, the registered manager asked them to find 'three wishes' that people had to see if they could meet them. One person wished to hold an owl, so staff arranged for the person to visit a wildlife park. As the person had multiple conditions it was a challenge, but with the aid of additional staff, they managed to make this person's wish come true. This made the person incredibly happy and they were telling other residents about their experience for days after the event. Photos were taken and the family fed back to the service how happy they were. Another person's wish was to learn archery. The service contacted an archery club who attended the service to introduce the person to the sport. Records showed the person was excited before and after this session and follow up sessions were made. Other people had wishes that were very important to them such as having a meal and sharing a kiss with their husband. Records showed although a simple request, achieving this goal was incredibly important to the person. We saw a photo of a birthday celebration where this person shared a meal and a kiss with her husband.

Staff spent quality time chatting and building interpersonal relationships with people and saw this as a vital part of their role. They recognised how this gave people a sense of overall well-being and ensured the family feel of the home. This was evident throughout our inspection with the general conversations and banter which were observed. During our inspection we observed people had a good rapport with staff which supported open and honest relationships and people told this was part of the culture of the service. Staff knew how to support people and understood people's individual needs. One relative told us, "They have lots of parties and functions that we have been to" and another relative said, "We want for nothing further. Could not be happier." We observed staff fully engaged and involved people in day to day life. For example, we found in winter time people saw the snow outside and were discussing with each other how cold it was. Staff decided to make a snowman and bring it in on a trolley so everyone could see it up close. People had the opportunity to touch it and break bits off. We found at other times of the year staff have brought in sand, flowers and vegetable planters for those residents who were unable to go outside due to ill health. This showed us when people struggled to go outside, staff brought the outside in. People remembered fondly the snowman experience when we asked them about it. One person said, "It was so nice to see, we all touched

it." The provider's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence, inclusion and people having a sense of worth and value. We saw this philosophy adopted by staff in practice and they expressed a passion for providing high quality care.

The service worked closely with families and supported them where necessary. People told us the staff chatted with everyone, including families and offered any support where needed. The registered manager told us they identified a need for family support after someone had passed away. Although relatives were always welcome back to the service it was sometimes difficult for this to happen. Staff decided to raise money for a plaque on a dedicated wall in a local hospice. This meant people always had a place to visit following the death of a relative. We saw the photos from the opening of the plaque and staff told us it was a lovely reminder of all those lost. On one day of inspection we observed a family came into the service after their relative had recently passed away. They came to give thanks to the staff and brought a token of their appreciation. They were met by the registered manager and other staff with hugs and embraces to comfort one another. There was a real sense of a natural caring nature. Staff walking by took a moment to share their condolences.

People were encouraged and supported to maintain their relationships with their friends and relatives. Staff told us about people's relatives and how they were involved in their care. One relative told us, "The staff are always pleased to see you, they know you by name and make you a cup of tea." On each floor of the building there was a laptop computer for people to use to contact their relatives and friends outside of the home. The registered manager told us some people had family members overseas and so communication was difficult, but with staff support they had been able to video call and see their relatives. People told us staff supported them to use the computer to keep in touch with their relatives. They said it was hard when some of their family live far away, so this was great to build relationships with their grand children. The registered manager also told us they encouraged staff and people to come up with new ideas for stimulation. For example, they had purchased a virtually reality headset to take people back to the 1940's or another experience to reminisce. This showed us the service used electronic aids and innovation to support people's needs.

People were also able to keep up to date with current affairs with staff purchasing daily newspapers of their choice. Staff recognised how moving into a care home can become people's world. They saw current affairs and chatting about them as an opportunity for people to continue to connect and be in touch with the outside world and enable mental stimulation. Staff demonstrated empathy in their discussions with us about people. One staff member commented: "We spend time getting to know people so we can build those relationships. When we have good relationships with people we can help them enjoy their days better."

The service continued to provide people with exceptional care and support from staff who valued them as individuals. Staff understood what was important to each person, such as sitting with other residents they considered friends. We saw staff worked well as a team giving individualised care and attention to people. We saw staff knocked before entering people's rooms and closed bedroom doors before delivering personal care. One person told us, "Whenever they do anything they always make sure I am happy with it first." Staff had completed dignity in care and equality and diversity training. Our observations confirmed staff treated people with dignity and respect. At lunch time we observed people who received pureed food, were served with the different types of food separately and in the shape of the food. For example, pureed steak was served in the shape of steak and pureed carrots in the shape of carrots.

Staff adopted a strong and visible personalised approach in how they worked with people. There was evidence of commitment to working in partnership with people, which meant that people felt consulted, empowered, listened to and valued. Staff spoke of the importance of empowering people to be involved in

their day to day lives. They explained that it was important that people were at the heart of planning their care and support needs. People confirmed they had a care plan, which was discussed with them and they were supported to do as much as they could for themselves. We observed staff supported people to maintain their independence. One person told us, "They help me to move around and encourage me." People's bedrooms were individualised and many contained photographs of relatives and special occasions. We saw one person wanted to administer their own medication. Staff completed an assessment to make sure they were safe and then supported them to self-administer their own medicines. The registered manager told us of one person who wanted to go out into the local community but they could get confused. With the person and their relatives support, the service was getting this person a tracker and documentation to carry to reduce the risk when they wanted to go out. This meant the person was able to visit local shops whenever they wished and access any of the local community and to do this safely so their whereabouts were still known to the service if they should forget where they were.

Staff demonstrated they understood what care people needed to keep them safe and comfortable. We observed staff support a person to move safely from their wheelchair to their lounge chair with the use of a hoist. Staff constantly reassured the person, until they were seated and comfortable, encouraging them with words such as, "This will take you up and when you feel that, push down on your feet, that's it, good."

Advocacy information was made available to people who used the service. Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities.

An equality, diversity and human rights approach to supporting people was well embedded in the service. For example, one person commented: "They treat me how I want to be treated." Staff knew when faith was important to people. As a result, representatives from faith groups visited the service regularly to support people.'

People's care and treatment records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information as it could only be viewed by those who were authorised to look at records. Care records were regularly reviewed, updated and evaluated.

Good

Is the service responsive?

Our findings

People's care records were person-centred and demonstrated a good understanding of their individual needs. A pre-admission assessment was completed to determine whether the service would be able to meet people's needs. This included details of the person's medical history, an assessment of the person's care needs, the level of support required and details of people's communication needs.

People had care plans in place which covered a range of needs including, personal hygiene, eating and drinking, sleep, communication and mobility/falls. Care records were written by hand which meant that new staff reading care records had lots to read and absorb. We mentioned this to the registered manager who showed us they were moving toward an electronic system which would resolve this issue. Some people had a 'My Life Story' document that described, with photo's their likes, holidays, family members and working life which staff told us they referred to and discussed with people when spending time with them.

Staff used a range of assessment and monitoring tools when delivering care to people. For example, the Malnutrition Universal Screening Tool (MUST), which is a five-step screening tool, was used to identify if people were malnourished or at risk of malnutrition, and the Braden assessment tool was used to predict pressure sore risk

People and their relatives were aware of and involved in the care planning and review process. Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms were included in care records and we saw evidence that the person, care staff, relatives and healthcare professionals had been involved in the decision making. The registered manager told us how, when required, people's end of life care wishes were recorded and staff had received training in end of life care. This meant that information was available to inform staff of the person's wishes at this important time to ensure that their final wishes could be met.

People informed us that they were treated as individuals and could make choices for themselves. People's preferences were recorded and met by staff. One person told us, "They always ask but I usually tell them what I want anyway."

Planned activities were displayed in the entrance hall and included seated dancing, beauty therapy, visiting entertainers, trips out and exercises. We observed some people were in the lounge watching television and two people were playing a board game. One person told us, "They brought snow in when it was snowing so we could feel." Some people helped with the garden and achieved gold in the 'Yorkshire in Bloom' award. As part of this people helped grow grapevines and produced their own wine.

The provider's complaints policy was on display. There were no open complaints at the time of our inspection. Historic complaints had been investigated and documented in line with the provider's policy. People and their relatives told us they knew who they could go to with any concern or complaint and all felt that they would be listened to and that the concern would be addressed.

Good

Is the service well-led?

Our findings

At the time of our inspection, the home had a registered manager in place. The registered manager told us they felt supported in their role. They said, "The staff are brilliant. Always so friendly." The home had a positive culture that was extremely person centred, open and inclusive. One member of staff described the registered manager as, "Really supportive and you can always go to her."

The registered manager told us they had an open-door policy, meaning people who used the service, their relatives and other visitors were able to chat and discuss concerns at any time.

People who used the service and their relatives spoke positively about the registered manager and the staff. They said that they were very approachable and visible.

We looked at what the provider did to check the quality of the service delivered and to seek people's views about it. The provider carried out regular audits to ensure people who used the service received a high standard of care. These included audits of health and safety, infection control and medication. All of these were up to date and included action plans for any identified issues. Residents and relative's meetings were held regularly. Discussion items included activities and menus.

Staff were regularly consulted and kept up to date with information about the service and the provider. Staff meetings were held regularly and a monthly newsletter informed people, staff and visitors about changes and upcoming events. The staff we spoke with felt supported in their role and felt they were able to report concerns. One member of staff told us, "I moved here from another home and I love it here. I am so happy in my work and I think that makes a difference every day." Another staff member said, "I'd like to work my way up, I think they support you with that."

The provider regularly sought the views of people who used the service, their relatives and staff through quality assurance questionnaires. We saw positive responses from the results of the most recent quality assurance surveys. This meant and we saw evidence that the provider gathered information about the quality of the service from a variety of sources and had systems in place to use this information to drive continuous improvement.

The provider had close links with the community and other professionals including the local churches and NHS teams via this service. The registered manager told us how people went out in Wetherby town centre.

The provider had policies and procedures in place that considered guidance and best practice from expert and professional bodies and provided staff with clear instructions. The staff we spoke with told us these policies were accessible and informative. The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner.