

Four Seasons (Bamford) Limited

# Wansbeck Care Home

## Inspection report

Church Avenue  
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Choppington  
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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Wansbeck Care Home provides personal care and accommodation for up to 40 older people, some of whom have a dementia related condition. There were 28 people living at the home at the time of the inspection. The home was divided into four smaller 'houses.' Pine Tree and River Bank, the all-male house, were located on the ground floor. Sea View and Meadow View, the house for people who had a more advanced dementia related condition were situated on the first floor.

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

People were treated with kindness. People spoke positively about the caring nature of staff. One person told us, "They are kind and nice. They couldn't be any nicer."

Work was ongoing to increase the visibility of staff. People and relatives told us that more staff would be appreciated. Whilst we saw that people's needs were being met by the number of staff on duty, staff were busy and due to the lay out of the home staff were not always visible. We have made a recommendation about this.

There were systems in place to protect people from the risk of abuse. Staff were knowledgeable about the action they would take if abuse were suspected. Medicines were managed safely.

A redecoration and refurbishment plan was in place which had commenced at the time of our inspection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People had a choice and access to sufficient food and drink. People were supported to access a range of healthcare professionals to ensure they remained healthy.

People's social needs were met. People were supported to maintain their hobbies both within and outside of the home.

The home had been through a period of change and uncertainty which had affected the culture and morale. Several relatives told us that communication needed to improve and timely action had not always been taken when issues had been raised. A new manager was in post. Most relatives told us that action was now being taken and communication was improving since the new manager had started. They said however, that these improvements needed to be sustained.

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 and update

The last rating for this service was requires improvement (published 22 November 2018). We identified four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment, the need for consent, good governance and staffing. We also identified a breach of the Care Quality Commission Registration Regulations 2009 Notifications of other incidents.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection, we found improvements had been made and the provider was no longer in breach of the regulations. However, further improvements were required in the well-led question.

This service has been rated requires improvement for the last two consecutive inspections.

### Why we inspected

This was a planned inspection based on our inspection programme.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Wansbeck Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service

#### Service and service type

Wansbeck Care Home 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.

A new manager was in post. She became registered with the Care Quality Commission immediately after our inspection. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. 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, eight relatives, the head of operational quality, the regional manager, the manager, a manager from the provider's nearby care home, the deputy manager, one senior care worker, three care workers, the activities coordinator, the maintenance man, two members of the domestic team and the laundry assistant.

We reviewed a range of records. This included two people's care records and multiple medicines records. We looked at one staff file in relation to recruitment. We reviewed a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the manager to validate the evidence found. The manager sent us further information for us to review. In addition, three relatives contacted us by email to provide further feedback about the home.

# Is the service safe?

## Our findings

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

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

Assessing risk, safety monitoring and management; Using medicines safely and Preventing and controlling infection

At our last inspection we identified shortfalls with fire safety, infection control and medicines management. These shortfalls were a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Overall, risks were assessed and monitored. Work was ongoing to ensure the building was well maintained.
- Certain areas of the home were worn and paintwork was damaged. There was a redecoration and refurbishment plan in place. This had commenced at the time of our inspection. Following our inspection, the head of operational quality sent us photographs of the redecoration which had already been carried out.
- Checks and tests were carried out to make sure the building and equipment were safe. Fire safety had improved. Northumberland Fire and Rescue Service confirmed that fire safety arrangements were satisfactory, following a recent visit.
- Staff followed safe infection control procedures.
- Medicines were managed safely. People received their medicines as prescribed.

Staffing and recruitment

At our last inspection we found there were not enough staff to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made, however, further action was required.

- Work was ongoing to ensure staff were visible and effectively deployed. Most relatives told us that more staff would be appreciated. Whilst we did not see people's needs not being met by the number of staff on duty, staff were busy and due to the lay out of the home staff were not always visible.

We recommend the provider keeps staffing levels under review to ensure there are enough staff deployed.

Following our inspection, the provider's head of operational quality wrote to us and explained they were liaising with the local authority and people's care managers about moving away from individual 'houses' and making the home more open plan. They said this change would help provide, "A better oversight for the team, larger areas for the residents to enjoy and overall improved well-being for the people we serve."

- More domestic staff were being recruited at the time of our inspection to help ensure the environment remained clean.
- Safe recruitment procedures were followed.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to help protect people from the risk of abuse.
- Staff were knowledgeable about what action they would take if abuse were suspected.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored. This helped identify any themes or trends so action could be taken to reduce the risk of any reoccurrence.

# 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 the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection, copies of Lasting Power of Attorney (LPA) paperwork were not available, to confirm if the relevant individuals were legally able to act on behalf of people. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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.

- Consent to care was sought in line with legal requirements.
- Copies of LPA documentation had been requested from relatives. This information was being sent in and was available in the care files we looked at.
- DoLS applications had been submitted to the local authority for review/authorisation in line with legal requirements. There had been a delay in the authorisation process. This was due to external factors and was not due to any oversight by the provider.
- People made their own choices whenever possible. Where there were concerns about people's capacity, assessments had been carried out in line with the MCA.

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

- People's needs were assessed and care plans were formulated to document what actions staff needed to take to meet people's needs.

- The manager explained they were reviewing the admission criteria and strengthening the preadmission assessment process to ensure the home could meet people's needs before they moved in.

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

At our last inspection we recommended that the provider reviewed the design and decoration of the home to ensure it was based on current best practice in relation to the specialist needs of people living at the service. The provider had made improvements.

- Work was ongoing to ensure the design and décor met people's needs. A redecoration and refurbishment plan was in place.
- Consideration had been given to the needs of people living with dementia. There was a sensory/music room and an old-fashioned shop called The Store. The Store was the hub of the home. People worked at the shop which helped give people a sense of identity and wellbeing. Several staff told us they considered a hairdressing salon would be beneficial to people. We passed this feedback to the manager.
- The manager was reviewing the layout of the home to check whether people needed to live in specific 'houses' or whether the home could be opened up to increase social integration and staff visibility.

#### Staff support: induction, training, skills and experience

At our last inspection, an effective system was not fully in place to ensure that staff received appropriate training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Training was ongoing to ensure staff had the necessary skills to support people.
- Staff spoke positively about the new manager and the support they had received. Due to recent changes in management, further supervision and appraisal meetings were planned for staff.

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

- People had a choice and access to sufficient food and drink.
- A new meal time system was being trialled. People gave mixed feedback about its success. Following our inspection, the manager told us that the new 'brunch' system was now only being served on a Saturday which was working well.

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

- People were supported to access a range of healthcare professionals to ensure they remained healthy.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated requires improvement. At this inspection this key question has now improved to 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 were treated with kindness. There were caring and thoughtful interactions between staff and people.
- People spoke positively about the caring nature of staff. One person told us, "When I was sick, they brought cold flannels all night, they are lovely if you are poorly."
- Staff spoke enthusiastically about the people they cared for. One staff member told us, "I am here for the residents. I get the minimum wage, but you couldn't pay me enough because of the satisfaction I get from caring for the residents."
- Staff had organised a number of events to increase people's happiness. One person used to go to Blackpool every year but was now unable to go. Staff decided to bring Blackpool to Wansbeck Care Home. A pony was recruited and came dressed as a donkey, the mini bus was turned into a tram and lights were put up to recreate the Blackpool illuminations. The mayor was invited to switch on the lights.

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

- Staff supported people to be involved in and agree decisions about their care. One person told us, "I do think they know what I like to do and like, they know what makes me feel anxious and avoid doing it."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity and promoted their independence.
- Care plans recorded what aspects of care people could manage independently and what they needed support with.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- Work was ongoing to ensure that people's care was developed around their wishes and preferences. Care plans were being reviewed and updated. They instructed staff on how to deliver responsive care.

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.

- Staff followed the AIS. Care plans documented people's communication needs. The manager explained that if information was required in a different format, this would be organised and provided.

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

- People's social needs were met. An activities coordinator was employed. She spoke passionately about ensuring that people's social needs were met.
- People were supported to maintain their hobbies both within and outside of the home. We heard how one person used to grow prize leeks. He had told staff, "There's nowt better than the smell of leeks." As a result, staff had organised a leek show which was now an annual event at the home.
- Staff recognised the positive impact which animals and children had on people's wellbeing. A local 'dog friendship' charity visited. People had formed bonds with the dogs and one person had framed photos of the dogs in their bedroom.

Improving care quality in response to complaints or concerns

At our previous inspection, we recommended that complaints were consistently recorded, investigated and responded to. The provider had made improvements.

- There was a system in place to manage complaints. Complaints and actions taken were recorded. Several relatives told us that timely action had not always been taken when issues had been raised. They said communication was improving since the new manager had started.

End of life care and support

- People were supported at their end of life. A multi-disciplinary approach was followed to help ensure

consistent and responsive care was provided to meet people's needs at this important time in their lives.

- A relative contacted us following our inspection and stated, "Dad's death was peaceful with the level of personal care and attention to detail, truly exceptional. Care staff at all levels treated us all as a family and as people whose loved one was dying. Their care for us after dad died was kind and very supportive. This will remain with us for ever."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated requires improvement. At this inspection, this key question has remained the same. 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; 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; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

At our last inspection, a robust system was not in place to effectively monitor and improve the quality and safety of the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, notifications of certain specific events had not been submitted to CQC. This was a breach of regulation 18 (Notifications of other incidents) of the Care Quality Commission Registration Regulation 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of these regulations, however, further improvements were required in this key question.

- The home had been through a period of change and uncertainty which had affected the culture and morale. There was a new manager in post. Following our inspection, she became a registered manager with CQC. People, relatives and staff spoke positively about her. Staff told us that morale was improving.
- A range of audits and checks were carried out to monitor the quality and safety of the service. The service was working towards a detailed action plan which had been formulated following our last inspection.
- Meetings and surveys were carried out to obtain feedback from people, relatives and staff. Several relatives told us that communication needed to improve and timely action had not always been taken when issues had been raised. Most relatives told us that action was now being taken and communication was improving since the new manager had started.
- Notifications of specific events had been submitted to CQC in line with legal requirements.
- The manager understood their duty of candour responsibilities.

Working in partnership with others

- Staff had developed links with the local community to help ensure people were engaged in their local community. Staff also liaised with health and social care professionals to make sure people received joined up care which met their needs.
- The service had been receptive to working with external partners, for instance, the local authority and the

medicines optimisation team to help drive improvements in the home.