

Wellfield Estates Ltd

Wellfield House

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 ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 15 March 2016. We last inspected Wellfield House on 1 September 2014. At that inspection we found the service was meeting all the regulations that we inspected against.

Wellfield House is a residential care home registered to provide personal care and accommodation for up to 23 older people. There were 18 people using the service at the time of the inspection. The home is situated in a residential area of Whalley Range, Manchester and is close to public transport and the motorway network. The home was originally four terraced houses which have been converted into one detached property. There is limited parking in the grounds but plenty of on-road parking at the front of the home.

Bedroom accommodation is provided mainly on the ground and first floors although one person chooses to live in the one bedroom that is situated on the second floor. Access to the first floor and second floor is via a passenger lift. The communal areas of lounges, small conservatories and the dining room are situated on the ground floor.

The home had a manager registered with the Care Quality Commission (CQC) who was present on the day of the inspection. 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.'

We found a breach in the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulation 2014. We found the premises were not as safe as they should have been because some fire exits were obstructed, window restrictors were not in place on the second floor bathroom windows and some radiators were not protected with covers. This placed the health and safety of people at risk of harm.

You can see what action we have told the provider to take at the back of the full version of the report.

We found people were cared for by sufficient numbers of suitably skilled and experienced staff. Staff received the essential training and support necessary to enable them to do their job effectively and care for people safely.

The staff we spoke with had a good understanding of the care and support that people required. We saw people looked well cared for and there was enough equipment available to promote people's safety, comfort and independence.

Social and recreational activities were being provided and interactions between staff and the people who used the service were warm, friendly and relaxed. Staff were polite and patient when offering care and support.

We saw that suitable arrangements were in place to help safeguard people from abuse. Guidance and training was provided for staff on identifying and responding to the signs and allegations of abuse. Staff were able to demonstrate their understanding of the whistle-blowing procedures (the reporting of unsafe and/or poor practice).

The system for managing medicines was safe and we saw how the staff worked in cooperation with other health and social care professionals to ensure that people received timely, appropriate care and treatment.

All areas of the home were clean and procedures were in place to prevent and control the spread of infection. Systems were in place to deal with any emergency that could affect the provision of care, such as a failure of the electricity and gas supply.

People's care records contained enough information to guide staff on the care and support required. The care records showed that risks to people's health and well-being had been identified, such as the risk of pressure sores and poor nutrition.

We saw that appropriate arrangements were in place to assess whether people were able to consent to their care and treatment. We found the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

Food stocks were good, people were offered a choice of meal and the meals provided were varied and nutritionally balanced.

To help ensure that people received safe and effective care, systems were in place to monitor the quality of the service provided and there were systems in place for receiving, handling and responding appropriately to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

We found the premises were not as safe as they should have been because some fire exits were obstructed, window restrictors were not in place on the second floor bathroom windows and some radiators were not protected with covers.

Sufficient suitably trained staff, who had been safely recruited, were available at all times to meet people's needs.

Suitable arrangements were in place to help safeguard people from abuse.

The system for managing medicines was safe.

Is the service effective?

Good ●

The service was effective.

Where people were being deprived of their liberty the registered manager had taken the necessary action to ensure that people's rights were considered and protected.

Staff received sufficient training to allow them to do their jobs effectively and safely and systems were in place to ensure staff received regular support and supervision.

People were provided with a choice of suitable nutritious food and drink to ensure their health care needs were met.

Is the service caring?

Good ●

The service was caring.

People who used the service spoke positively of the kindness and caring attitude of the staff. We saw staff cared for the people who used the service with dignity and respect and attended to their needs discreetly.

The staff showed they had a good understanding of the care and support that people required.

Specialised training was provided to help ensure that staff were able to care for people who were very ill and needed end of life care.

Is the service responsive?

Good ●

The service was responsive.

The care records contained sufficient information to guide staff on the care to be provided. The records were reviewed regularly to ensure the information contained within them was fully reflective of the person's current support needs.

In the event of a person being transferred to hospital or another service, information about the person's care needs and the medication they were receiving was sent with them. This was to help ensure continuity of care

Systems were in place for receiving, handling and responding appropriately to complaints.

Is the service well-led?

Good ●

The service was well led.

The home had a manager registered with the Care Quality Commission.

Systems were in place to assess and monitor the quality of the service provided to ensure people received safe and effective care.

The registered manager had notified the CQC, as required by legislation, of any incidents that had occurred at the service.

Wellfield House

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 undertaken 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 was an unannounced inspection and took place on the 15 March 2016. The inspection team comprised of two adult social care inspectors.

Before this inspection we reviewed the previous inspection report and notifications that we had received from the service. Prior to our inspection of the service, we were provided with a copy of a completed provider information return (PIR); this is a document that asked the provider to give us some key information about the service, what the service does well and any improvements they are planning to make.

During this inspection we spoke with four people who used the service, one relative, one of the senior management team, known as the 'nominated individual,' the registered manager, one senior care assistant, two care assistants, the activities organiser and the cook. We looked around all areas of the home, looked at how staff cared for and supported people, looked at food stocks, two people's care records, six medicine records, three staff recruitment and training records and records about the management of the home.

Is the service safe?

Our findings

The visitor we spoke with told us they felt their relative was well cared for and kept safe. We were told, "I am very happy with the care. My [relative] always looks clean and well cared for. Fresh clothes are provided every day and their room is lovely and clean. I think the staff are great and I know my [relative] is safe".

We looked around all areas of the home and saw the bedrooms, dining room, lounges, bathrooms and toilets were clean and there were no unpleasant odours. The home was warm well- lit and suitably furnished.

During the morning of the inspection we saw that the fire exit from one of the conservatories was blocked with a mobile hoist. We pointed this out to the registered manager who told us this would be dealt with. Later in the day we saw that the hoist was once again blocking the fire exit. We also saw the fire exits in two of the bedrooms were blocked by chairs.

We saw the three windows in the bathroom on the second floor were without restrictors. We also saw that three of the rooms within the home were without radiator covers.

We found that the premises were not as safe as they should have been and this placed the health and safety of people at risk of harm. This was a breach of Regulation 12(2) (d) of the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.

We looked at the on-site laundry facilities, situated in the cellar. The laundry was adequately equipped with two industrial washing machines and two tumble driers. The washing machines had a sluice facility to deal with soiled laundry. The laundry looked clean and well organised. Hand-washing facilities and protective clothing of gloves and aprons were in place.

We saw infection prevention and control policies and procedures were in place and that infection prevention and control training was undertaken for all staff. Colour coded mops, cloths and buckets were in use for cleaning; ensuring the risk from cross-contamination was kept to a minimum. Hand-wash sinks with liquid soap and paper towels were available in bedrooms, bathrooms, toilets, the kitchen and the laundry. Good hand hygiene helps prevent the spread of infection. Arrangements were in place for the safe handling, storage and disposal of clinical waste. We saw that staff wore protective clothing of disposable gloves and aprons when carrying out personal care duties. This helps prevent the spread of infection.

People who used the service and a visitor told us they felt there were enough staff on duty to look after them safely. Some staff, but not all, did express concern about the fact they had to attend to the laundry. They told us this wasn't a major issue but when they were busy they felt this took them away from caring duties. The registered manager told us they were looking to appoint a laundry assistant to work at weekends, which they felt would help. We were also told that one person worked one day a week to undertake house-keeping duties. Whilst we were in the home there was no evidence to show that staff undertaking laundry duties affected the care provided to people who used the service.

We were told that the registered manager was regularly 'on call' in the event of any emergency arising and also for advice and support. In the rare absence of the registered manager we were told that staff would always be able to contact a senior person from the organisation.

We looked at three staff personnel files to see if there was a safe system of recruitment in place. The staff files contained proof of identity, application forms that documented a full employment history, a medical questionnaire and two professional references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. The safe system of recruitment helps to protect people from being cared for by unsuitable staff.

We saw that policies and procedures were available to guide staff on how to safeguard people from abuse and that all members of staff had access to the whistle-blowing procedure (the reporting of unsafe and/or poor practice). The policies and procedures in relation to safeguarding and whistleblowing were clearly displayed in the staff office.

We asked staff to tell us how they would safeguard people from harm; they were able to demonstrate their knowledge and understanding of the procedures to follow. Inspection of training records showed that all staff had completed safeguarding training.

The two care records we looked at showed that risks to people's health and well-being had been identified, such as poor nutrition, moving and handling and the risk of falls; management plans were in place to help reduce or eliminate the risk.

We looked to see how the medicines were managed. We checked the systems for the receipt, storage, administration and disposal of medicines. We also checked the medicine administration records (MARs) of six people who used the service. We found the medicines were stored securely in a locked trolley in a locked medicine room. The system in place for the storing and recording of controlled drugs (very strong medicines that may be misused) was safe and managed in accordance with legal requirements.

The MARs we looked at showed that staff accurately documented on the MAR when they had given a medicine. This showed that people were given their medicines as prescribed; ensuring their health and well-being were protected.

Although records were kept of medicines waiting to be returned to pharmacy and the medicines were kept in a locked room, they were not kept in a tamper-proof container. We discussed this with the registered manager who told us they would contact the dispensing pharmacy to obtain one. We were informed the day after the inspection that one had been obtained.

We saw there was a medicine management policy and procedure in place. The senior care staff member informed us that all staff who administered medicines had undertaken medicine management training. Training records confirmed this information was correct.

We looked to see what systems were in place in the event of an emergency. We saw procedures were in place for dealing with any emergencies that could arise and possibly affect the provision of care. We also saw that personal emergency evacuation plans (PEEPs) had been developed for all the people who used the service. They were kept in a central file in the staff office so they were easily accessible in the event of an emergency arising. This information assists the emergency services in the event of an emergency arising, helping to keep people safe.

We looked at the documents which showed equipment and services within the home had been serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, legionella, portable appliance testing, the lift and hoisting equipment, and the fire and call bell system. These checks help to ensure the safety and wellbeing of everybody living, working and visiting the home.

Regular in-house fire safety checks had also been carried out to check that the fire alarm, emergency lighting and extinguishers were in good working order. The home also had emergency evacuation sledges in place in the event of an evacuation being necessary.

The service had a detailed business continuity plan in place. The plan contained details of what needed to be done in the event of an emergency or incident occurring such as a fire, utility failures, loss or damage to the building and staff shortages.

Is the service effective?

Our findings

A discussion with the care staff showed they had a good understanding of the needs of the people they were looking after. Staff we spoke with told us what support people needed, what they were able or not able to do and what their preferences were in relation to their daily activities.

We looked to see how staff were supported to develop their knowledge and skills. We looked at the induction programme that newly appointed staff had to undertake on commencement of their employment. Induction programmes help staff to understand what is expected of them and what needs to be done to ensure the safety of the staff and the people using the service. The induction training programme included topics such as; health and safety, understanding the principles of care and effective communication. We were told that staff were fully supervised until their competency had been assessed.

We saw that the essential training required had been completed by the staff. This included areas such as infection control, safeguarding adults, moving and handling, first aid and food hygiene. We also saw evidence of training in clinical subjects such as diabetes awareness, dementia and strokes.

We were told that verbal and written 'handover' meetings between the staff were undertaken on every shift. This was to help ensure that any change in a person's condition and subsequent alterations to their care plan were properly communicated and understood.

Records we looked at showed that systems were in place to ensure that all staff received regular supervision meetings. Staff we spoke with confirmed that this information was correct. Supervision meetings help staff discuss their progress and any learning and development needs they may have.

From our discussions with people, our observations and a review of people's care records we saw that people were consulted with and, if able, consented to their care and support. If they were not able to consent we saw evidence of a 'best interest' meeting being held on their behalf. A 'best interest' meeting is where other professionals, and family where relevant, decide on the course of action to take to ensure the best outcome for the person using the service.

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The 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. The application procedures for this in care homes and hospitals are 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 were being met.

We saw information to show that two people were subject to a DoLS . The registered manager told us that, following a mental capacity assessment, five applications to deprive people of their liberty had been submitted to the supervisory body (local authority).

We checked to see if people were provided with a choice of suitable and nutritious food and drink to ensure their health care needs were met. We looked at the kitchen and food storage areas and saw good stocks of fresh, frozen and dry foods were available.

We looked at the menus and saw they were on a two week cycle and a choice of meal was available. The main meal was served at lunchtime. A discussion with the cook showed that if people did not like the choice of meal on the menu they could always have something else from the food stocks. The cook told us that food was always available out of hours to ensure that people could have drinks and snacks whenever they wanted.

We saw that hot and cold drinks were served throughout the day. The cook told us that fresh fruit was served regularly, either as a fresh fruit salad or cut up into bite size pieces and served on the drinks trolley in the afternoon.

A discussion with the cook showed they were knowledgeable about any special diets that people needed. The cook was also aware of how to fortify foods to improve a person's nutrition

People we spoke with told us they enjoyed the food and felt there was enough, Comments made were; "The food is beautiful" and "I certainly enjoy my food. You couldn't get better". Also, "Good food and plenty of it and the cook is amazing". A comment from a survey sent out in December 2015 was, "All the food on the menu is what my [relative] likes".

We saw that, following a food hygiene inspection in December 2015 the home had been rated a '5'; the highest award.

The care records we looked at showed that people had an eating and drinking care plan and they were assessed in relation to the risk of inadequate nutrition and hydration.

The care records showed that people had access to external health and social care professionals such as, GP's, district nurses, opticians and chiropodists. This meant that the service was effective in promoting and protecting the health and well-being of people who used the service. The registered manager told us that the home was supported by the Care Home Support Team. The team supports care homes with health care issues by offering support, advice and training. We were told that the aim of the team was to help prevent unnecessary hospital admissions.

Although the home is not purpose built, the layout of the building enabled people to walk around independently and safely. Bedroom accommodation is provided on the ground, first and second floors and access to the all floors is via a passenger lift. The communal areas of three lounges and dining room are situated on the ground floor. Staff told us they had enough equipment to meet people's needs. We saw that adequate equipment and adaptations were available to promote people's safety, independence and comfort.

Is the service caring?

Our findings

We received positive comments about the kindness and attitude of the staff. Comments made included; "The nurses are lovely, the food is lovely and everything is lovely" and "It's lovely here, I am well looked after and I have no complaints. You can't fault them. Lovely girls".

Comments from surveys sent out in September 2015 included; "The staff are lovely and always take time out to tell me about my [relative] even though they are super busy. I always feel welcome" and "Staff treat me with respect and make sure my needs are met".

People looked well cared for, were clean, appropriately dressed and well groomed. We were told the hairdresser visited the home on a fortnightly basis. We observed staff spoke quietly and treated people with kindness and respect. The atmosphere in the home was calm and relaxed. We saw that staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected.

Information in the PIR that was sent informed us that the registered manager carried out regular observations of the staff at meal times and when they were delivering personal care. This was to ensure that people were treated with respect and dignity

We did see a toilet on the ground floor and a bathroom on the first floor had sliding doors that had no door lock. This meant that people's privacy and dignity could be compromised. The registered manager told us that these rooms were not really used. We were told that refurbishment work was planned for these two rooms as they were to have a change of use.

Staff told us that people's religious and cultural needs were always respected and they were encouraged to follow their chosen religion. We were told that Roman Catholic ministers visited the home every Sunday to deliver Holy Communion. We were told that religious events, such as Christmas and Easter were celebrated and respected. We saw the activity person had been busy planning for the Easter activities by making Easter arts and crafts.

A discussion with the registered manager showed they were aware of how to access advocates for people who had nobody to act on their behalf. An advocate is a person who represents people independently of any government body. They are able to assist people in many ways; such as, writing letters for them, acting on their behalf at meetings and/or accessing information for them.

We asked the registered manager to tell us how staff cared for people who were very ill and at the end of their life. We were told that the registered manager and some of the care staff had successfully completed the Six Steps end of life training. The Six Steps programme guarantees that every possible resource is made available to facilitate a private, comfortable, dignified and pain free death. We were also informed that the staff at the home received good support from the Care Home Support Team, the district nurses and the local GPs.

Staff we spoke with were aware of their responsibility to ensure information about people who used the service was treated confidentially. We saw that care records were kept secure in the staff office. This was to ensure information about people was accessible to staff but kept confidential.

Is the service responsive?

Our findings

People told us that staff responded well to their needs. Comments made included; "They know what my [relative] needs are and call the doctor when [relative] is not well" and "They know how to look after me". A comment from a survey sent out in September 2015 was; "We are very happy with the home and the care my [relative] is getting. Carry on with what you are doing, it's really great work".

We asked the registered manager to tell us how they ensured people received safe care and treatment that met their individual needs. We were told that an assessment of people's needs was undertaken so that relevant information could be gathered. This helped the service decide if the placement was suitable and if people's needs could be met by staff. A discussion with a relative confirmed that staff undertook an assessment prior to their relative being admitted. We were told how the registered manager visited their relative in hospital to discuss the care and support required. We were told they were asked about their likes, dislikes plus their daily and nightly routines.

We looked at the care records of two people who used the service. They contained enough information to guide staff on the care and support to be provided. There was good information about the person's social and personal care needs. People's likes, dislikes, preferences and routines had been incorporated into their care plans. We saw the care records were reviewed regularly to ensure the information reflected the person's current support needs.

The care records contained risk assessments. These were in relation to assessing risks if people had problems with certain aspects of their health, such as a history of falls, a need for support with moving and handling or poor nutrition.

We looked to see what activities were provided for people. The activities for the week were displayed and we were told that an activities person was employed to work at the home for five days of the week. Whilst we were at the home we saw the activities person assisting people with the arts and crafts; busying making things for the forthcoming St Patricks day celebrations. Any activities that were undertaken by people were then recorded in their daily report.

We were told that in the event of a person being transferred to hospital or to another service, in addition to a copy of their MAR sheet, information about the person's care needs would be sent with them. We were told that staff would always provide an escort in emergencies or to attend appointments unless the person had the support of a family member.

We looked at how the service managed complaints. There was a copy of the complaints procedure displayed in the hallway and in each person's bedroom. The procedure explained to people how to complain, who to complain to, and the times it would take for a response. The people we spoke with told us they had no concerns about the service they received and were confident they could speak to the staff if they had any concerns. We saw that the registered manager kept a log of any complaints made and the action taken to remedy the issues.

Is the service well-led?

Our findings

The service had a registered manager who was present during the inspection. The nominated individual was also present.

A discussion with the registered manager showed they were clear about the aims and objectives of the service. This was to ensure that the service was run in a way that supported the need for people to be cared for safely and in accordance with their wishes.

The staff we had discussions with spoke positively about working at the home. They told us they felt supported and valued.

We asked the registered manager to tell us what systems were in place to monitor the quality of the service to ensure people received safe and effective care. We were shown the quality assurance system that was in place. This showed that either weekly or monthly checks were undertaken on all aspects of the running of the home such as; mealtime observations, infection control, health and safety (including maintenance), medication, and care plans. We saw that where improvements were needed action was identified, along with a timescale for completion. We were also told that the nominated individual visited the home at least monthly to undertake their own monitoring of the service.

We saw there was a system in place for reviewing and analysing accidents or incidents. This enabled staff to look at ways of possibly eliminating or reducing the risk of re-occurrence; thereby helping to protect the health and safety of people who used the service.

We asked the registered manager to tell us how they sought feedback from people who used the service to enable them to comment on the service and facilities provided. We were told there was an 'open door' policy at the home and that people and their visitors were free to speak with the registered provider and the staff at any time. We were also told that questionnaires were sent out to people who used the service, their relatives, staff and to professional visitors. The questionnaires asked for their views on the service provided.

We looked at some of the responses returned from the 19 questionnaires that had been sent out in December 2015. The comments made were positive about the service and facilities provided. Comments made included; "The staff are lovely" and "The staff always check up on me to make sure I am comfortable". Also, "The activities always meet her needs". We saw that previous questionnaires had been sent out in September 2015 with 18 responses containing equally positive comments.

We also looked at some of the responses from the questionnaires sent out to visiting professionals in September and October 2015. Comments included; "The staff are very polite and helpful. Staff followed advice and instructions thoroughly" and "The person I visit always appears happy and well cared for. Always looks clean and presentable". Also, "Staff go above and beyond for their patients" and "Nothing is too much to ask".

We saw that relative meetings had been arranged for June and September 2015 but no relatives attended. Three meetings were held throughout 2015 for people who used the service. We saw these were well attended and people were given the opportunity to have a general discussion about the forthcoming events, the menus and anything else they wished to discuss.

Records showed that staff meetings were held every three months. Staff meetings are a valuable means of motivating staff and making them feel involved in the running of a service. We looked at documentation that showed the last meeting had been held on 9 December 2015.

We checked our records before the inspection and saw that accidents or incidents that CQC needed to be informed about had been notified to us by the registered manager. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>We found the premises were not as safe as they should have been. Fire exits were blocked, three upstairs windows were without restrictors and three radiators were without protective covers.</p> <p>Regulation 12(2)(d).</p>