

Mrs Carol Anne Yates

# Wallfield House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection visit took place on 18 May 2017 and was unannounced. Wallfield House Care Home provides care and support for up to 15 people. There were 13 people living in the home on the day of our inspection visit. The registered person had owned and managed the service since 1989.

The service did not have a registered manager as this is not required as they are the sole provider. 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.

On our previous inspection we identified concerns that people were not always protected from harm as suitable equipment had not been provided. On this inspection we saw equipment was now available for people who needed this and risks of falls had been reduced. Other people were still at risk as incidents had not always been investigated and action had not been taken to ensure people had not injured themselves. Where concerns about potential harm had been identified, this had not been reported to the local authority under agreed safeguarding procedures to protect people from potential further harm.

On our previous inspection we identified that some people may not have capacity to make some important decisions although an assessment to determine this, had not been completed. On this inspection we saw these assessments had not been completed and some decisions may have been made by other people. There was no evidence to show that people may not be able to make these decisions for themselves. Quality assurance systems were in place but these had not been used to bring about improvements following our last inspection and further concerns had been identified.

People had mixed views about the opportunities they had to engage in activities that interested them. Some activities were organised including, an entertainer, visits by local school children and pets, but opportunities to go out were limited and some people felt they would like more activities to be organised. People knew how to raise a concern but were not always confident they would always be listened to or action would be taken.

People were able to make choices about the food and drink they wanted and a choice of food was available. Where people needed support to eat or needed a specialist diet, this was provided and referrals had been made to healthcare professionals in a timely manner to maintain people's health and wellbeing. Medicines were managed safely and in accordance with good practice.

Systems were in place to ensure checks were completed prior to new staff starting to work in the home. Staff received training and support to develop and enhance their skills to meet the needs of people. People's care was reviewed with them and care plans had been developed to ensure they included information about how people wanted to be supported. Risk assessments were in place to promote people's safety and reduce

identified risks.

We saw that people were responded to in a kind and friendly manner by the care staff on duty and care staff knew people well and engaged in conversation about their interests and family. People were consulted about the quality of the service through surveys and encouraged to maintain good relationships with people.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

## 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.

People were not always kept safe as where incidents had happened action was not always been taken to ensure people's welfare. Where potential harm had been identified, staff had not reported these under safeguarding procedures to ensure people were protected. Risks to people's health and welfare were identified and managed and there were enough staff available to meet the needs of people. There were recruitment practices in place to checked new staff's suitability to work with people. Medicines were managed in a safe way.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

Where people lacked capacity, assessments had not always been completed to demonstrate this and to ensure any application to lawfully restrict people were suitable. People were supported to eat and drink to maintain a healthy diet and had a choice of food and drink. People were supported to access healthcare services their wellbeing and staff received training and support to maintain their skills.

### Is the service caring?

**Good** ●

The service was caring.

The care staff knew people well and had developed caring relationships with people. People's privacy and dignity was respected and they were given the support they needed to make choices and were encouraged to maintain important relationships.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People had mixed views about how they were supported to engage with activities that interested them. Some activities were organised but people felt they would like to have more opportunities. People did not always feel able to raise any concerns and feel confident they would be responded to. Staff had a good knowledge of people's needs and people were involved with the review of their care which was responsive to their changing needs.

**Is the service well-led?**

The service was not always well led.

The service was not always managed to ensure people's safety and welfare. Systems were not in place to ensure all incidents were investigated and the provider had not taken action to confirm improvements were made. People were able to share their views although some people had mixed views about how well led the service was.

**Requires Improvement** 

# Wallfield House Care Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection visit 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 visit took place on 18 May 2017 and was unannounced. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience of supporting or providing care for someone.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the staff the opportunity to share information they felt relevant with us.

We spoke with six people who used the service, three relatives, four members of the care staff, and one visiting health care professional. We also spoke with commissioners of the service to gain their views. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care records for three people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks.

# Is the service safe?

## Our findings

On our last inspection visit we found improvements were needed as not all risks had been managed to prevent injuries and suitable equipment had not been provided to ensure some people were safe. This meant there had been a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following our inspection, equipment had been purchased and on this inspection we found improvements had been made in this area. However, further improvements were needed to ensure people's safety.

Where risks had been identified these had been assessed and action taken to keep people safe. We saw where one person needed a nursing bed to ensure their safety, this had been purchased and staff reported there had been no further falls and the risks for this person had been reduced. One member of staff told us, "It's much better now. They are safe and well and there have been no further incidents." We saw staff supported people to move around the home and ensured that their walking frames was near to where they were seated. Corridors and entrances were left clear for people to walk through. One person told us, "I feel safer here than I did at home." One relative told us, "I never had any hassle. I feel people are safe here." Pressure relieving equipment was used to reduce the risk of sore skin or developing pressure sores. This equipment was checked by community health staff to ensure it was safe and suitable to use. The care plans had been developed to record how people needed to be supported to manage any risk. Where moving and handling equipment was used, information was recorded regarding the level of support people needed. For example, each person had an individual sling and the support plan included how this was to be used when using the hoist.

Although some risks were now managed to keep people safe we saw that another incident had not been responded to. For example, we saw one person had reported they had fallen to the provider and staff, but no action had been taken to ensure their welfare. There was no evidence that they had been checked for injuries or that reassurance had been given. Three days later, the staff identified an injury which the person told them had occurred when they fell. The person had not been monitored during this period so there was a delay in the injuries being identified and treated. The staff told us how they would recognise and report abuse, and procedures were in place for staff to report concerns about people's safety. One member of staff told us, "Our training covers safeguarding and I know the procedure for reporting and recording if there was a case." However, we saw that action had not been taken to report this incident. Due to our concerns we referred this to the local authority under agreed safeguarding procedures.

This evidence demonstrates a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People received their medicines as prescribed. We saw people were supported to take their tablets at the right time and some people knew why they were taking their medicines. One person told us, "The staff bring my tablets. I get them on time. The tablets are mostly for my blood and the doctor has changed them in the past. Staff give them to me and I swallow them." Another person told us, "The staff are very good and always remember to give me my tablets when I need them. I'm happy with how it's all managed." Where people

needed 'as required' medicines, information was available to describe why and when these medicines were needed. We saw staff talked with one person to see whether they were in pain and whether she wanted any medicine. The staff helped them to take these with water. We saw people's care records showed that effective systems were in place that ensured medicines were ordered, stored, administered and recorded to protect people from the risks associated with them.

People felt there was enough staff to support them. One person told us, "Staff come fairly quickly and I can reach my buzzer." Another person told us, "Staff are very helpful and come quickly." We saw where people spent time alone they were provided with a method to summon assistance. One person told us, "I have a bell I ring. It works very well but I don't have to call often as staff are always near." We saw staff were available throughout the day and checked on people's welfare when they were in communal areas.

Recruitment checks were in place to ensure staff were suitable to work at the service. These checks included requesting and checking references of the staffs' characters and their suitability to work with the people who used the service.

Personal emergency evacuation plans were in place. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the service to be evacuated. One member of staff told us, "These are by the entrance so if we need these, we can just grab them so we have all the information the emergency services need."



## Is the service effective?

### Our findings

On our last inspection we identified that improvements were needed as applications had been made to deprive people of their liberty although their capacity had not been assessed. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). On this inspection, we saw improvements were still needed.

On this inspection we saw an assessment of capacity for one person had still not been completed. This meant without a capacity assessment being carried out prior to a DoLS application being made, there was a risk of inappropriately applying a restriction whilst the application is being considered. Some people had a do not attempt to resuscitate form completed (DNACPR) which stated that they lacked capacity to make a decision about whether to be resuscitated. The provider had not recognised that an assessment to determine capacity had not been completed and there was no information to identify whether people could make this important decision themselves. This meant the provider had not made the necessary improvements and that decisions may have been made on behalf of people when they may be able to make a choice for themselves.

This evidence demonstrated a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People felt they received support from staff who had the knowledge and skills to provide their care. Staff received training to help people move safely and one person told us, "I think they are well trained. I have had no accidents since coming here." Staff explained that following training, they would be assessed to ensure they could competently help people to move. One member of staff told us, "It's important we know what we are doing and do things right. We've been spending a lot of time reviewing all the care plans and making sure we do what is recorded so people are safe."

A relative told us, "As far as I'm concerned they're looking after [Person who used the service] well. Recently they have needed more nursing care which is more complex. I think the staff have the skills to provide the care they need." Staff received formal supervision and had opportunities to discuss how they were performing and any assistance they needed with personal development. One member of staff told us, "I have my supervision with the deputy manager or administrator. They are really helpful and I am quite happy with the support I get from them."

People were supported to eat and drink and maintain a balanced diet. One person told us, "I don't like sausages. I'm not keen on them, so the cook gave me chicken pie. The food is tasty and I haven't got any complaints. I eat all of it." Another person told us "The food is very good actually. I eat anything and get enough. I enjoy my tea. I have a lot of tea." Some people needed a specialist or soft diet and one relative told

us, "They can have soups and fluids if they can't chew much and staff help them to eat." Where people needed a specialist diet the care plans had been reviewed to include information about how the meal should be prepared and presented. Where concerns were identified about people losing weight or having difficulty swallowing, the Speech and Language team (SALT) were involved to support staff. One relative told us, "[Person who used the service] can eat independently but is at risk of choking. The staff got advice and they now have soft foods and they manage so much better."

People could choose where to eat, however most people chose to eat in the dining room. One person told us, "I prefer to eat in my room but the cook comes to tell me what the food is going to be. If I don't like it they will change it." We saw the meal was pleasantly presented and people had a choice of what they wanted to eat and drink. One person told us, "I prefer to have a glass of red wine or some people have a sherry. It's something I've always done as I enjoy wine with my meals." We saw drinks were available and people were able to help themselves to a drink or asked the staff. One person told us, "You can have a drink at any time, the staff are very accommodating."

People were supported to maintain good health and told us their health was monitored by health care professionals. One person told us, "The doctor comes to see me if I am not well. The staff call them and they come the next day. They don't neglect you here." Another person told us, "The nurse comes and visits me three times a week so I can have my dressings changed. I see the staff talk with them so they know how I am and if anything is getting better or worse." One relative told us, "They see the chiropodist here in the home and their glasses are up to date and their hearing aid was checked a week ago." A community matron visited the home each week to carry out routine health checks including checking blood pressure, pressure relieving equipment and urine analysis. One member of staff told us, "This works really well, if there is anything we are worried about, we can get their support and people benefit from having checks in the home so I think people are much healthier because if anything is noticed, they get quick intervention."

## Is the service caring?

### Our findings

People felt they were treated with kindness and the staff were caring. One person told us, "I do really think they are caring. They treat everyone the same and they are never impatient." Another person told us, "The staff here are very caring. I know how hard it is to care." People felt the staff had developed good relationships with them and one person told us, "The staff know me well and they're polite." We saw staff spoke with people about what interested them and knew about each person, their family and history. We saw people had developed good relationships with each other and talked and joked about their past and what they enjoyed doing. People laughed recalling events about taking part in rock and roll dancing, working on a farm and relationships with their children and friends. The staff joined in these conversations and shared their own experiences. One member of staff told us, "It's important that we know people and know what's important to them. We often sit and talk about what they enjoyed doing, where they worked and their family. It means a lot to people."

People were supported to express their views about how they wanted to receive care and support and felt that staff listened to them. One person told us, "The deputy manager and staff are lovely and always have time for me and what I have to say." Another person told us, "The staff wouldn't dream of just assuming something. I'm asked what I want and they respect my decisions. People were registered to vote and had received postal cards for the general election. One person told us, "I think it's important to vote. I don't think my views have changed so I know what I'll be doing." Where people had difficulties communicating with others, the staff told us they used visual clues and knowledge of them to help them to continue to choose. One member of staff told us, "Some people can't give their opinions but we know what their likes and dislikes are. We have to use our knowledge about them. We can read their facial responses as well to tell whether they are uncomfortable. We try hard so they can enjoy some happiness and independence."

People were treated with dignity and staff respected their privacy. One person told us, "Staff always knock on the door. They are very good on privacy when helping me to change." Another person told us, "They always knock on the door before coming in. The door is always closed when bathing and washing me." People were able to spend time alone and be undisturbed. One person told us, "I prefer to spend some time in the small lounge and be by myself. It's cooler in there and I like to have my own space too. The staff respected their decision and understood why they liked spending time there. People told us they felt staff valued what they had to say. One person told us, "The staff are so much younger than me and I like to give them some advice, like I would my family. They listen and we have a laugh together about some of the daft things we've all done. I enjoy are chats."

Family and friends were able to visit the home and they felt welcomed into the home. One relative told us, "My family can come when they like." Another person told us, "My family will phone before coming for a visit as we usually go out to a restaurant." When people were feeling unwell we saw that staff treated them and their family in a caring and considerate way. For example, one relative told us, "I can come when I want to. I'm made welcome and listened to. When [Person who used the service] was ill, the staff made me a bed in their room as I wanted to stay." Another relative told us, "I trust the deputy manager and know the carers. I think they are all very caring."

## Is the service responsive?

### Our findings

People knew how to make a complaint, although they had mixed views about the response they would get if they raised any concerns. One person told us, "I haven't got any complaints but I wouldn't feel comfortable raising anything, as I don't think everyone would listen." Another person told us, "I've said something in the past and it didn't really make any difference, so I wouldn't say anything again." Other people were confident their concerns would be addressed and one person said, "The staff and deputy manager would sort anything out for me." Another person told us, "I'd raise a complaint if I needed to with the owner." There was a complaints procedure in place and staff demonstrated that they understood the provider's complaints procedure. One member of staff told us, "We talk with people about how they are and if they are happy. If we heard of anything, we would look at resolving it straight away." There had been no recorded complaints made at this service since our last inspection.

People had mixed views about how they were supported to spend time engaged with activities that interested them. One person told us, "The television is always on but I'm not interested; what choice do I have?" Another person told us, "It would be nice to go out but we never get the chance so I just sit here. It would be nice to go out somewhere especially on nice weather days." Other people were more satisfied and told us, "I go downstairs sometimes if there is something special. But I prefer to be upstairs. Staff do invite me to come downstairs but they don't tell me what to do." Another person told us, "I get up in the morning early and have a shower and do what I want. I have a lot of choice." Another person told us, "I do a lot of reading and watch television. Staff will have a chat and I had my nails varnished last week."

All the staff were involved with organising activities and one member of staff had additional responsibility as the activity coordinator. They told us they asked people what they wanted to do each day and organised events around what they wanted. There was an activity programme displayed and we saw a small number of activities were organised through the month including a visiting entertainer, and 'Therapets', who visited with dogs for people to spend time with. During our inspection, people were invited to participate in a quiz. Two people agreed which prompted conversation about their values and experiences. We saw staff engaged with people and talked about past employment and their role when serving in the war. For other people there was no other activity offered and people spent their time reading, watching the television or sleeping. One person told us, "We have a few activities to do and I like it when the school children visit, but most days we just sit here and just talk, read or watch television as there's nothing else to do." This meant that although activities were provided on some days, people told us they would like to have more opportunities to be involved with activities that interested them.

There was an enclosed garden area which was available and people could choose to sit outside in the sun. One person told us, "It's a lovely day so it's nice to be out there." Where people wanted to practice their faith, they were visited by a representative of their faith. One person told us, "I used to go the local chapel but someone visits me here now and they are very friendly."

People were involved with developing support plans which met their needs. The support plans had been reviewed with people to ensure they contained information about how they wanted to be supported.

People were asked if they wanted support from family members. One person told us, "I know about my care plan. It's not been discussed with me recently. Another person told us, My family can be involved and if anything changes they always update things so we all know the same thing. We saw referrals had been made following concerns to healthcare professionals where people had fallen. Some people were provided with sensor mats which alerted staff to respond quickly when people moved. One relative told us, "It's been better with this mat as staff can act quickly to keep them safe." The care plan had been reviewed to record how support was being provided. A 'hospital passport' had been developed with the GP. Hospital passports are designed to be used by people with learning or communication disabilities to help them to communicate their needs to hospital staff. This meant that important information would be available if their care needed to be transferred in the event of an unplanned hospital admission.

## Is the service well-led?

### Our findings

The service was not always managed to ensure people's safety and welfare. Incidents at the home were not always recorded, monitored and investigated. An incident form had not been completed where one person reported they fell and no action had been taken to ensure their welfare. Procedures were not in place to ensure decisions were only made in people's best interest where they lacked capacity. This has resulted in a breach of regulation within our question 'Is this service safe?' and 'Is this service effective?'

Quality assurance checks were completed and a quarterly monitoring return form was completed and sent to commissioners of the service. This identified where people may have fallen, the number of accidents and whether there had been any consultation with people who used the service. One member of staff told us, "This helps us to record and identify if there have been any significant incidents over the last few months so we can do something about it." However, we found that not all incident and accidents had been reported and recorded which meant that this information may not be accurate.

It is a legal requirement that the provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating in the entrance hall to the service. However other information relating to the food hygiene rating was not correct. We saw the certificate that was displayed which was out of date as a more recent inspection of the service had taken place. The service had been given a new lower rating of three out of five stars and rated as 'Generally Satisfactory'. This meant accurate information was not being displayed.

People had mixed views about how the home was managed. One person told us, "I would call it a happy home. I am happy here. It's what you make of it." Another person told us, "The owner is sometimes approachable and sometimes not." One relative told us "I can talk to the manager. I think they can be approachable."

People's view about the service was sought and feedback from people and their relatives through a satisfaction survey. We saw within the last survey people were satisfied with the overall atmosphere of the home and felt the home was clean with staff being 'nice and lovely'. Some people had commented that they would like more activities in the home and the activator co-ordinator was reviewing how to enable people to be engaged with activities that interested them. We saw there were thank you cards which recorded positive comments about the care that was provided. These comments included; 'Many thanks for all the kindness and excellent care. We always felt [Person who used the service] was amongst friends.' And 'Care couldn't be better anywhere.'

People and their families were able to attend meetings to discuss any developments in the home and raise any concerns. An open day had been organised during the previous summer and family members commented positively about being able to visit the home, spend time with people and share a drink and cake. One member of staff told us, "We have residents meetings and we also talk to individuals for feedback every three months."

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>Care and treatment of service users must only be provided with the consent of the relevant person. if they are unable to give consent because they lack capacity to do so. the registered person must act in accordance with the Mental Capacity Act 2005.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems and processes were not operated effectively prevent abuse of service users and to effectively investigate immediately upon becoming aware of such abuse.</p>