Farrington Care Homes Limited

Wellfield House

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

Summary of findings

Overall summary

About the service:

Wellfield House is a care home registered to provide personal care and accommodation to up to 21 people. The home specialises in the care of older people living with dementia. At the time of the inspection 19 people lived at Wellfield House.

People's experience of using this service:

People who lived at Wellfield House were supported by sufficient numbers of staff who were well trained and knew how to support older people. We observed people's requests for support being responded to promptly.

The quality of interaction between staff and people was good. The environment was comfortable and safe. There was good communication between staff and people making it easier for people to understand what was being asked of them.

People were active and took part in hobbies and interests that staff had identified with them. There were events and interesting activities each day and one to one support for people who needed this.

People were consulted on menus and staff supported people to eat and drink where appropriate. Staff cooked people meals from scratch so that people could enjoy good home cooked food. Although pureed foods were not presented well.

We recommend the provider reviews how they present pureed and soft foods in line with published best practice and guidance.

People had good access to healthcare and other professionals. People knew how to complain. Incidents and accidents were minimal and if they occurred staff took appropriate actions.

People and their families were not fully involved with planning care. A relative told us, "I am kept up to date if things change." Another relative said, "I have not seen a care plan, but staff do tell us what's going on".

Rating at last inspection:

At the last inspection the service was rated as Good (November 2016).

Why we inspected:

This inspection was a scheduled inspection based on the previous rating

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe
Details are in our Safe findings below.

Is the service effective?

Good

The service was effective
Details are in our Effective findings below

Is the service caring?

Good

The service was caring
Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive
Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led
Details are in our Well-Led findings below.

Wellfield House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

•This inspection was carried out by one Adult Social Care inspector and one expert by experience who had experience of working with older people. 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:

•Wellfield House 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.

•The service had a manager registered with the Care Quality Commission. 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:

•The inspection was unannounced on the first day. The inspection site activity started on 3 June 2019. The second day inspection site activity was announced and took place on 4 June 2019.

What we did:

•We reviewed the information we held about the service. This included the previous inspection report,

notifications since the last inspection and feedback from the local authority. Notifications are changes, events and incidents that the service must inform us about. We used information the provider sent us in their Provider Information Return (PIR). 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.

•During our inspection we spoke with the registered manager and five care staff. We spoke with 12 people, and observed people who received personal care and support. We also spoke with three family members who were closely involved in peoples care and support and received feedback from two health and social care professionals.

•We looked at records relevant to the management of the service. These included five care and support plans. We reviewed risk management plans, health and safety records, complaint and incident reports, four staff recruitment files, staff training records, medicine management records, and performance monitoring reports.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

•People told us they felt safe living at Wellfield. Comments from people included, "I feel safe very much so". And, "I am more than happy here".

•People were protected from the risk of abuse because staff knew how to respond to, and report, any signs of abuse. One staff member said, "We let the manager know and they deal with anything we raise". Another staff member told us, "We have a policy it's in the office, if I'm concerned I let the manager know".

•The registered manager understood their responsibilities to raise concerns, record safety incidents and report these internally and externally as necessary.

Assessing risk, safety monitoring and management

•Risks to people were identified, assessed and managed to help keep them safe. Assessments were carried out to assess levels of risk to people's physical well-being. Care plans contained risk assessments that documented areas of risk to people, such as nutrition and hydration, pressure areas and moving and handling.

•Environmental risks were managed. For example, fire maintenance and safe use of water outlets. We reviewed the providers business contingency plan that ensured the service would continue if an emergency happened. The provider had contractors that serviced equipment to ensure it was safe to use.

•Care plans included a personal emergency evacuation plan (PEEP) for each person. A PEEP sets out the specific physical and communication requirements that each person had to ensure that they could be safely evacuated in the event of an emergency.

•Some people had times when they could become unsettled or distressed. For example, one person's care plan stated, "(Persons name) can sometimes become distressed when staff assist them with personal care, possibly because they do not fully understand why something is happening". Staff knew what action they should take to support them at such times.

Staffing and recruitment

•The service deployed sufficient numbers of suitable staff to meet people's needs. The home had two staff vacancies which had been advertised. Staff told us they worked additional hours to cover sickness and

annual leave, this meant people using the service did not have their care and support compromised. The registered manager produced a staff rota in advance. The rota confirmed shifts were covered as required.

•Safe recruitment processes were completed. All new staff had completed an application form prior to their employment and provided information about their full employment history.

•The provider obtained previous employment or character references together with proof of the person's identity for an enhanced Disclosure and Barring Service (DBS) check to be completed. However, DBS checks were not renewed in line with best practice.

•The registered manager told us they planned to implement annual declarations for all staff whose DBS certificate was over three years old help prevent unsuitable staff working at the home.

Using medicines safely

•The provider had a medicines policy which was accessible to staff. The provider had implemented safe systems and processes which meant people received their medicines in line with best practice.

•Safe arrangements for the storing, ordering and disposal of medicines, although we did find the keys to the medicine cabinet were not always being kept securely. We discussed this with the registered manager who assured us the keys would be kept in a locked safe when not in use.

•The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed regularly.

•Medicine Administration Records (MAR) were completed and audited appropriately. All three medicine administration records (MARs) we reviewed had been filled out correctly with no gaps in administration.

•Support plans clearly stated what prescribed medicines the person had and the level of support people would need to take them. The registered manager carried out regular medicines audits.

Preventing and controlling infection

•Staff understood their responsibilities with regards to infection control and keeping people safe. The provider employed cleaners who kept the home clean throughout. There were hand washing facilities throughout the home. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons.

Learning lessons when things go wrong

•Lessons were learned when things went wrong so that improvements could be made to the service to keep people safe. For example, the registered manager told us about an incident where one person fell from their bed. Staff discussed using bed rails to keep this person safe but agreed they may try to climb over the rails and the safest option would be to put a mattress on the floor to protect them in the future.

Good

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

•People's needs and choices were assessed, and care, treatment and support was provided. Assessments assisted staff to develop care plans for the person but current care plans did not record any goals or expected outcomes for people which would enable people and staff to review the effectiveness of the care provided.

•The provider had recently employed an outside company to review how they recorded peoples care needs. New care plans were being introduced to ensure care is delivered in line with current legislation, standards, and guidance.

Staff support: induction, training, skills and experience

•Staff told us they had received a good induction when they began work. One member of staff said, "The induction was good. I did some shadow shifts too." This helped to make sure staff had the basic skills needed to provide safe support to people. Other staff told us, "We get mandatory training, such as safeguarding and health and safety".

•The provider carried out supervision in line with their supervision policy. Supervision is a process where members of staff meet with a supervisor to discuss their performance, any goals for the future and training and development needs. Staff received annual appraisals to monitor their development.

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

•People told us they enjoyed the food at Wellfield House. One person said, "(It's very good, we get too much)". Another person told us, "I can have what I want, if I don't like the choice they will make me something else." Menus reflected a good choice of healthy home cooked meals, except soft foods were pureed altogether so people didn't always recognise what they were being served, this was not in line with current best practice and could impact on the person's enjoyment of the meal.

•There was a long delay between main meals and deserts, staff told us this was because people waited until the last person had finished their meal before they served desserts.

We recommend the provider reviews how they present pureed and soft foods in line with published best practice and guidance.

•People had access to drinks throughout the day, people in their rooms had fresh jugs of water and juice that was accessible to them.

•Staff completed food hygiene training and knew about best practices when it came to food. Staff understood people's dietary needs and ensured that these were met.

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

•People had access to health care professionals when needed. Health professional visits were recorded in people's care records. For example, the district nurse visited people who had been diagnosed with diabetes. Staff liaised with the district nurse but did not always record any outcomes of their visits. The registered manager told us this would improve when the new care plans are in place.

•People were supported to attend appointments with healthcare professionals outside the home. Care records showed people had access to professionals including; GP's, dentists and chiropodists.

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

•Wellfield House provided appropriate accommodation for the people who lived there. The home was nicely decorated and homely and peoples' rooms had lots of personal belongings that made the room special to them. Most people had their own bathrooms some of which were being converted in to shower rooms. There was access to outside space and a quiet area for people to receive visitors.

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

•The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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).

•We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

•People at Wellfield House were living with dementia, which affected some people's ability to make some decisions about their care and support. Mental capacity assessments and best interest decisions had been carried out for areas such as personal care, medicines and finance, when people could not make decisions about these aspects of their care.

•Staff showed a good understanding of the Mental Capacity Act 2005 (MCA) and their role in supporting people's rights to make their own decisions. During the inspection, we observed staff putting their training into practice by offering people choices and respecting their decisions. At the time of the inspection four people had a DoLS in place.

Good

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

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

•Staff treated people with kindness and compassion. People and visitors spoke highly of the staff. One person said, "Oh yes they are so good." Another person said, "Yes, they are kind and friendly". One relative said, "Exceptionally caring" and, "Very attentive".

•We observed staff interacting with people in an informal but respectful way. They were attentive and responded promptly when people needed reassurance or encouragement. They spoke gently but allowed people time to respond and each time a staff member walked past someone they would acknowledge the person.

•Staff respected people's cultural and spiritual needs. Staff supported one person to attend the local church and planned for a vicar to visit the home once a month. Another person told us, "One of the staff took me up to a memorial service of someone at church."

•Nobody we spoke with said they felt they had been subject to any discriminatory practice for example, on the grounds of their gender, race, sexuality, disability or age. Training records showed that all staff had received training in equality and diversity.

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

•People's care records had information about their life history, interests, significant people and preferences and the registered manager and staff were familiar with these details.

•Although not everyone was actively involved in decisions about their care and support, there were regular resident meetings where people could contribute to the homes development.

•We spoke with relatives who told us, "They [staff] keep us informed of changes but I don't get involved in care plans" and, "I didn't know (person's name) had a care plan". Health and social care professionals told us, "Staff are good at keeping us informed."

•The registered manager told us if people lacked the capacity to make decisions about their care and not have relatives, staff would refer them for advocacy support to represent their interests in making decisions about care.

Respecting and promoting people's privacy, dignity and independence

•Staff encouraged people to be independent and make choices about day-to-day aspects of their life at the home. For example, a relative told us, "(Person's name) likes to use the stair lift on their own." Adding, "Staff encourage this but monitor their ability to make sure they are safe."

•People confirmed they could have visitors whenever it suited them; for example, one person said, "I see lots of people, friends visit, staff make them welcome and offer drinks." Visitors told us they felt welcome, one visitor said, "Staff are always friendly and approachable and we can have coffee if we want to".

Good

Is the service responsive?

Our findings

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

Good:People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

•People received care which was personalised to them because staff knew people well and respected their wishes where appropriate. Care plans would benefit from being more person centred so that new staff had clear guidance on how to meet people's needs.

•The registered manager told us, "The new care plans being implemented will make sure peoples care is person centred and involves people and their families where appropriate." Staff told us, "We know people well so we know what they like and don't like". Another staff member said, "We ask people what they want and they tell us."

•People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others and we observed staff communicating with people according to those plans. The registered manager had also recently introduced a new form that encouraged staff to ensure people knew where their information was being stored.

•The provider employed an activity co-ordinator who devised a varied activity schedule for people. These included, quizzes, bingo and karaoke. Daily activities were displayed in communal areas. People told us, "There is a good choice and people come in to entertain." Another person told us, "We go out to the pub". A third person said, "They come to our rooms as well if we don't want to go to the lounge and do things like exercises." A relative told us, "They are always doing something it's lovely."

Improving care quality in response to complaints or concerns

•The service had a complaints system in place; this captured the nature of complaints, steps taken to resolve these and the outcome. People and relatives told us they knew how to raise concerns and make complaints.

End of life care and support

•The provider had an end of life policy in place. Staff had attended end of life training. The registered manager told us they had not had conversations with people or family members about their end of life wishes but this would be covered through the new care planning process. No one, at the time of the inspection, was receiving end of life care.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

•Staff, people, relatives and professionals were positive about the management at Wellfield House. People told us, "The manager comes around, sometimes they even help with breakfast". Staff comments include, "(Managers name) is really supportive when they are available". And, we get support from (managers name) but they are too busy sometimes". One professional told us, (Managers name) is very good." Adding, "The provider needs to make sure the registered manager has the right support."

•The registered manager told us, "I have so much to do and no deputy support." They added, recently one of the seniors has been supporting me once a week to implement all the new ways of working coming out of the new audit process." In addition to this the registered manager told us, "I'm on call all the time which makes it difficult for me to go away."

•The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

•The provider and registered manager demonstrated a commitment to ensuring the service was safe and of high quality. Quality monitoring systems were in place. The provider had employed an external company who was implementing more effective checks that identified learning and
included improvement plans.

•We also found peoples care plans were easily accessible but the registered manager moved these immediately and ordered a cabinet to ensure peoples confidential information is stored securely.

•The registered manager and staff were clear about their roles and responsibilities. Regular staff meetings took place where improvements and learning were shared.

•Staff told us they felt supported, valued and listened to by the registered manager, but not fully supported by the provider. A staff member told us, "I wouldn't know who the directors were". Another staff member

said, when (managers name) is not here we have to work things out for ourselves". Another staff member said, "We could call the directors if the manager was away but I wouldn't feel that confident doing that".

•The registered manager communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

Working in partnership with others

•Staff worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back positively about partnership working with the home. Comments included, "I really like the home, staff are friendly and they always listen to what we ask of them". Another professional told us, "I would happily put my relative in this home".

•The service had good links with the local community and key organisations such as local schools and community mental health teams.