

Hadrian Healthcare (Wetherby) Limited

Wetherby Manor

Inspection report

St James Street
Wetherby
LS22 6RS

Tel: 01937587596
Website: www.hadrianhealthcare.co.uk

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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

We inspected Wetherby Manor on 03 March 2016. The inspection was unannounced. We last inspected Wetherby manor in October 2013 and found the provider was meeting the regulations we inspected.

Wetherby Manor is a modern large purpose built home, registered to accommodate up to 75 older people who require personal care and/or nursing. The service can support people who are living with dementia. The service is arranged over three floors which include a nursing unit, dementia unit and a residential unit. There is also an area which has independent living apartments where people can choose to receive support when they needed it. The service is close to all local amenities.

The home had a registered manager in place. 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected.

Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety. Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Appropriate systems were in place for the management of medicines so people received their medicines safely.

Staff received supervision on a regular basis. The registered manager had an action plan for all staff to have an appraisal in 2016. Staff had been trained and had the skills and knowledge to provide support to the people they cared for.

We saw there were enough staff on duty to meet people's needs on the day of the visit. We found safe recruitment and selection procedures were in place and appropriate checks had been made.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Staff were attentive, patient and interacted well with people. People told us they were happy and felt very well cared for.

We saw people were provided with a choice of healthy food and drinks. People were supported to maintain good health and had access to healthcare professionals and services.

We saw people's care plans were very person centred and written in a way to describe their care, and support needs well.

People's independence was encouraged. We saw there was a plentiful supply of activities and outings. Staff encouraged and supported people to access activities within the community.

The registered provider had a system in place for responding to people's concerns and complaints. People were regularly asked for their views.

There were effective systems in place to monitor and improve the quality of the service provided. We saw the views of the people using the service were regularly sought and used to make changes.

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.

Staff we spoke with knew how to recognise and respond to abuse and action they would take to ensure people's safety was maintained.

Records showed appropriate recruitment checks were carried out to help ensure suitable staff were recruited to work with people who used the service.

There were arrangements in place to ensure people received medication in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff received training and supervision. Not all staff received an annual appraisal.

People's nutritional needs were met. People had access to healthcare professionals and services.

People were supported to make their own decisions. Where necessary, staff used the Mental Capacity Act (2005) to make decisions in people's best interests.

Is the service caring?

Good ●

The service was caring.

People were supported by caring staff who respected their privacy and dignity.

Staff were able to describe the likes, dislikes and preferences of people who used the service. Care and support was individualised to meet people's needs.

Is the service responsive?

Good ●

The service was responsive.

People who used the service and family members were involved in decisions about their care and support needs.

People also had opportunities to take part in activities of their choice. People were supported and encouraged with their hobbies and interests.

People were given information on how to make a complaint.

Is the service well-led?

Good ●

The service was well led.

People and staff told us about the positive culture at the service which made living there a positive experience for people.

The service had a registered manager who understood the responsibilities of their role. Staff we spoke with told us the registered manager was approachable and they felt supported in their role.

People were regularly asked for their views and their suggestions were acted upon. Quality assurance systems were in place to ensure the quality and safety of care was maintained.

Wetherby Manor

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

We inspected the service on 03 March 2016. This was an unannounced inspection. The inspection team consisted of three adult social care inspectors and one specialist advisor in nursing and quality assurance.

The registered provider completed a provider information return (PIR) before the inspection. 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.

We received feedback from commissioners of the service prior to our visit. We also took into account the information we held about the service and information we received from statutory notifications since the last inspection.

At the time of our visit there were 62 people who used the service. We spoke with eight people who lived in the service. We spent time in the communal areas and observed how staff interacted with people. We looked at all communal areas of the home and some people showed us their rooms.

During the visit we spoke with the registered manager, deputy manager, seven staff, one visiting professional and four family members.

During the inspection we reviewed a range of records. This included six people's care records, including care planning documentation and medication records. We also looked at staff files, including staff recruitment and training records, records relating to the management of the home and a variety of policies and procedures developed and implemented by the registered provider.

Is the service safe?

Our findings

We asked people who used the service if they felt safe. People told us they felt safe. One person said, "I feel safe, no reason not to be." Another person said, "I feel safe, no problems at all." A family member we spoke with told us they felt their family member was safe.

We spoke with the registered manager and staff about safeguarding adults and action they would take if they witnessed or suspected abuse. The registered manager told us all allegations of abuse were recorded and the service investigated concerns. We saw records to reflect this was the case.

All the staff we spoke with said they would have no hesitation in reporting safeguarding concerns. They told us they had all been trained to recognise and understand all types of abuse. One staff member said, "Safeguarding is about caring for someone properly such as treating pressure areas appropriately; I would inform my manager immediately if I saw any evidence of poor care or any safeguarding issues." Training records we looked at showed all staff had received training in safeguarding.

We also looked at the arrangements in place for managing whistleblowing and concerns raised by staff. A procedure was in place and it directed staff to where they should report concerns. We saw this information was available in the office for staff to use and staff confirmed they knew what to do if they saw something they felt needed to be reported.

We looked at the arrangements in place to manage risk so people were protected and their freedom supported and respected. Risk assessments were in place and reviewed on a monthly basis and any changes recorded. Risk assessments had been personalised to each individual and covered areas such as medications, mobility, falls and personal evacuation planning. This enabled staff to have the guidance they needed to help people to remain safe.

We saw the fire risk assessment was under review still for 2016 because the service were incorporating changes made recently in fire safety advice from the fire brigade.. We saw all other risk assessments the service had in place to effectively manage the health and safety of the premises and work tasks were in date and had been reviewed regularly.

We saw documentation and certificates to show relevant checks had been carried out on the fire alarm, fire extinguishers and gas safety.

We also saw personal emergency evacuation plans (PEEPS) were in place for each of the people who used the service. PEEPS provide staff with information about how they can ensure an individual's safe evacuation from the premises in the event of an emergency. Records showed evacuation practices had been undertaken. The records of evacuations did not show us all staff had taken part in an evacuation on a frequent basis. The registered manager told us this would be added to their training monitoring tool to ensure this happened in future. Tests of the fire alarm were undertaken each week to make sure it was in safe working order.

Records we looked at reflected robust management of accidents and incidents. For example, one person had suffered recent falls and we could see in the records the service had referred the person to professionals to seek advice on how to prevent and minimise the number of falls in the future.

We looked at four staff files and saw the registered provider operated a safe and effective recruitment system. This included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service (DBS) check, which was carried out before staff started work at the home. The DBS carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and to prevent unsuitable people from working with vulnerable adults. The registered manager told us they involved the people who use the service in all staff interviews.

We looked at the arrangements in place to ensure adequate staffing levels were in place. The registered manager told us staffing levels were flexible, and could be altered according to need; they explained the ratio of staffing in each unit of the service

Both staff and people told us the nursing unit did struggle with four care staff and one nurse on shift. The registered manager confirmed they and the deputy manager supported this unit when required. The registered manager told us they were working with other managers and the registered provider to introduce a system to evidence safe staffing levels and skill mix based on the level of dependency of people's needs on each unit.

During our visit we observed there were enough staff available to respond to people's needs and enable people to do things they wanted during the day. For example, staff were available to support a person on a shopping trip during our visit. People told us, "There is always enough staff, I am not a chatty person, but staff do talk to me and they are always jolly. If I had to buzz, I assume they would come straight away." Another person said, "There is always enough staff around."

Staff told us the staff team worked well and there were appropriate arrangements for cover if needed in the event of sickness or emergency. A staff member we spoke with said, "We're a great team."

We saw appropriate arrangements were in place for the safe management, storage, recording and administration of medicines. We saw people's care plans contained information about the help they needed with their medicines and the medicines they were prescribed.

The service had a medication policy in place, which staff understood and followed. We checked peoples' Medication and Administration Record (MAR) and found these were fully completed. Staff responsible for administering medication had received medication training and competency checks.

A person supported told us, "Staff come in and give me my medication; they always give me this on time." A family member told us they were particularly impressed the service had included them in discussions about their mother's medication. They said, "[name of staff member] has been brilliant."

The service was well maintained and clean. One person told us, "It is very clean and neat and tidy, staff clean my room everywhere." Another person said, "It is lovely surroundings and very clean." A visiting professional also told us they were impressed with the cleanliness of the service.

Is the service effective?

Our findings

We spoke with people who used the service who told us staff provided a good quality of care. One person said, "Staff are trained well. They know me. They know what I like and dislike." A family member told us, "It's good care. They understand her increasingly so as they get to know her."

We spoke with the registered manager who told us they were providing the Care Certificate induction for all staff with no formal qualifications in care. The Care Certificate sets out learning outcomes, competences and standards of care that are expected. The induction training for staff included reading the care plans of all people who used the service, and shadowing experienced staff until they felt confident and competent.

Staff we spoke with told us there was a plentiful supply of training. Training records we looked at showed staff received training in moving and handling, mental capacity, fire safety, infection control, deprivation of liberty safeguards and health and safety amongst others. One staff member said, "Training here is brilliant." The registered manager and the deputy manager told us they had supported families and the staff team to learn more about dementia. Records we saw confirmed this was the case for staff members. They told us they had linked with the local university to support student placements in return for additional training for the nurses who work at the service.

Staff we spoke with told us they felt well supported and received supervision. Some had received an annual appraisal. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm supervisions had taken place. The registered manager told us not all staff had received an annual appraisal in 2015, but a new system was in place for staff to have their appraisal every April. We saw records which confirmed this was scheduled for April 2016.

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).

The registered manager and staff we spoke with told us they had attended training in MCA and records we saw confirmed this. The registered manager and staff we spoke with had an understanding of the MCA principles and their responsibilities in accordance with the MCA code of practice. We saw appropriate documentation was in place for people who lacked capacity. In the care records we looked at we saw a multidisciplinary team and family members had been involved in decision making. Best interest decisions were clearly recorded in relation to care and support and health.

At the time of the inspection, ten people who used the service were subject to a Deprivation of Liberty Safeguarding (DoLS) authorisation. Staff we spoke with had a good understanding of DoLS.

People we spoke with told us they were provided with choices of what they would like to eat and drink and we saw this happened during our observations of lunch on the day of the visit. We saw tables had been set to include condiments and napkins for people. We saw people were offered a drink of wine with their meal if they chose this. On one of the units at lunchtime staff seemed a little more focused on the task and there was little communication between them and people. We told the registered manager about this and they said they would look into the mealtime experience and make changes where needed to improve.

We saw the menu which contained a varied diet for people. People who use the service told us they gave feedback on the food and the menu regularly and we saw meeting minutes which showed this had happened. People said, "Food is very good, we have monthly meetings and we discuss food. We have a choice of two, we all have a menu and know what week it is, it's all in the package." Another person said, "There are lots of snacks, too many really, but they are lovely." One family member said, "The food is excellent."

We spoke with one of the chef's and they told us they understood each person's preferences and needs in relation to nutrition and food. They also told us, "Everything is made fresh daily. When new people come in we ask if they have any allergies or need a special diet."

During our inspection we saw people were supplied with hot and cold drinks

We asked the registered manager what nutritional assessments had been used to identify specific risks with people's nutrition. The registered manager told us staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. Records we saw confirmed people's nutrition and weight were monitored regularly and where appropriate referrals had been made to specialist professionals.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We saw people had been supported to make decisions about the health checks and treatment options.

One family member told us staff were really good at arranging for specialist professionals to visit people when needed. A visiting professional told us, "If I ask staff to practice mobilising they do practice for me with the person, this helps a lot."

We saw the service had engaged with a new initiative where a GP carries out a 'ward round' to monitor the health and wellbeing of all people who used the service. The service was monitoring with the GP whether this approach reduced unnecessary admissions to hospital for people. We saw records to show people were monitored more closely on a weekly basis with regards to their health needs and we were told by the registered manager this should reduce the numbers of infections, falls and pressure ulcers.

Is the service caring?

Our findings

People we spoke with during the visit told us they were very happy and the staff were caring. One person said, "The staff know us very well." Another person said, "It's very nice here." A family member told us, "Staff seem lovely, very chatty."

During the visit we spent time observing staff and people who used the service. On the day of the visit there was a calm and relaxed atmosphere. Throughout the day we saw staff interacting with people in a very respectful and caring way. Staff took time to talk and listen to people. When we arrived at the service we saw one person returning from a morning walk to the shops and staff greeted them warmly and asked how their outing had been. We saw a person who used the service had suffered bereavement and found staff were extremely caring towards this person and their friends and family as the service supported them prior to and after the funeral.

We saw staff were attentive, patient and interacted well with people. Observation of the staff showed they knew the people very well and could anticipate their needs. For example, we saw staff offered a person the choice of eating lunch in the dining room. Staff did not rush the person and spoke gently to them which enabled the person to take their time to get up from their chair. Staff were skilled with communicating with those people who had some difficulty with communication. We saw this when staff were supporting people to play cards together, staff encouraged people to think for themselves and make decisions. This showed staff were caring.

Staff told us how they worked in a way that protected people's privacy and dignity. For example, they told us about the importance of knocking on people's doors and asking permission to come in before opening the door. One person told us, "Privacy has never been a problem; if I wanted this I would close my door. They would knock before coming in." A visiting professional told us, "They [Staff] always treat people with respect and dignity; my mum will hopefully stay here for respite."

We saw on two occasions throughout our visit the storage cupboard in which people's confidential care plans were kept had been left unlocked. We discussed this with the registered manager who told us they would be looking into more secure locks on the cabinets.

We were told by staff and family members how staff supported people to be independent for example choosing where they want to spend their time and being supported to walk independently. This showed the staff team was committed to delivering a service which had compassion and respect for people.

The registered manager and staff we spoke with showed concern for people's wellbeing. It was evident from discussion all staff knew people well, including their personal history, preferences, likes and dislikes. One person told us, "Staff are very kind and pleasant. My needs are only small."

We saw from care plans and we were told in discussions with people and their families that everyone was fully involved when a person moved into the service to ensure staff had all the information about a person.

We were told by the registered manager this information was used to develop a person's care plan, the records showed not all care plans had been signed following these processes and the registered manager told us this was something they would ensure happens in the future for people.

We saw people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. We saw people were able to go to their rooms at any time during the day to spend time on their own. This helped to ensure people received care and support in the way they wanted it.

Is the service responsive?

Our findings

Staff and people told us they were involved in many activities and outings. One person said, "I go shopping. I go into town." Another person said, "I enjoy activities, these are on daily, there is always something happening. I would just go out into the community if I wanted to." Another person said, "I don't do many activities but they are available, I am aware of what goes on. I enjoy doing my own things, jigsaws and papers. My family and friends come from time to time also."

The activity planner included a wide range of activities from dominoes, spiritual healing and word challenge to keep fit. We observed the 'word challenge' activity and people involved could be heard shouting out their words and engaging in the activity. One person said "I like this because you can have a laugh." We saw people smiling and laughing throughout.

As we walked around the service we saw activities such as chess had been laid out for people to play as they chose. There was also a piano in the 'Blues bar' which played music for people itself. Soft music was on throughout the day in the background which created a peaceful atmosphere for people. We also saw people were being supported to do one to one activities by staff. For example, we saw a person be supported into town and someone having a manicure.

Staff told us they got involved with activities when they could and they saw this as part of their role. An example they gave was putting up a table in the lounge area to do baking with people.

During our visit we reviewed the care records of six people. We saw people's needs had been individually assessed and detailed plans of care drawn up. The care plans we looked at included people's personal preferences, likes and dislikes. People told us they had been involved in making decisions about their care and support and developing the detail in their own care plan.

The care plans detailed how people wanted to be supported. We found care plans were reviewed and updated on a regular basis. Care plans were person centred and contained very detailed information on how the person liked to be cared for and their needs. The care plans were organised in a way which made it very easy to see all aspects of the person's care needs including the risk assessment. A staff member told us, "We get to read the care plans if we're unsure, the daily notes help us a lot." All of this meant staff knew how to support people in the way people wanted to be supported and that it was safe.

During the visit we spoke with staff who were extremely knowledgeable about the care people received. People who used the service told us how staff supported people to plan all aspects of their life. Staff were responsive to the needs of people who used the service.

We saw a copy of the complaints procedure, which was on display in the communal entrance and gave timescales for action and details of who to contact. The service user guide which was given to all people who use the service supported contained the complaints procedure. One person who used the service said, "I would complain to anyone. There is a complaints book in the dining room. I have never complained, but I

do think the curry is too mild, not hot enough, I will bring this up at the next meeting though." Another person said "If I wanted to complain I don't know who I would go to, but I have never had to complain." A family member also expressed they had not seen the complaints procedure but they knew to speak to someone if they did have a concern to raise."

We saw the complaints file for the past 12 months and we could see action had been taken to investigate issues and feedback to the person who raised the concerns. The registered manager and the team also reflected on complaints and we saw in team meetings and head of department meetings where lessons learnt had been discussed.

We also saw the compliments file which include a compliment from the local high school who visited at Christmas in 2015 to entertain the people who lived at the service. They said they would like to make the event an annual one as it brightened everyone's mood around Christmas.

Is the service well-led?

Our findings

There was a registered manager in post at the time of our visit. People who used the service spoke positively of the registered manager. One person said, "The management are very pleasant, if they are about they say hello. I feel the culture is fine, I have no problems"

Staff we spoke with said they felt the registered manager and deputy manager were supportive and approachable, and they were confident about challenging and reporting poor practice, which they felt would be taken seriously. One staff member said, "Both managers are very supportive." Another staff member said, "It's a friendly place to be and the staff are fantastic. I have no concerns about any managers or staff who work here. I'd be happy for my parents to come here."

Staff told us the morale was good and they were kept informed about matters which affected the service. One person said, "This is a great home to work for, we work together." Another staff member said, "Every unit is individual, units are small and broken down and this means there's more individual care, they all get the right care." Staff told us team meetings took place regularly and they were encouraged to share their views. We saw records to confirm this was the case. Topics of discussion included safeguarding, staff ideas, quality and feedback from complaints received.

The registered manager told us people who used the service met with staff on a regular basis to share their views and ensure the service was run in their best interest. We saw the records of these meetings and could see activities, menus, outings and feedback on visits from commissioners was also shared. One person who used the service said, "Oh yes, we have regular meetings every month or so." Another person said, "We have meetings every month; you can say what you want. I am unsure about a survey, I don't think so. I wouldn't improve anything."

We were told by the registered manager the service had hosted relatives support meetings where they had recently talked to relatives about dementia to help them understand better their relative's condition. The registered manager told us they felt this was a positive.

We saw the monthly newsletter which was produced for everyone from staff to people supported. It had sections on staff introductions, a feature on looking back at previous months activities and events, upcoming events which included a staff wedding send off. The publication gave a real sense of working together between the staff and people supported.

We looked at the arrangements in place for quality assurance and governance. Quality assurance and governance processes are systems which help registered providers to assess the safety and quality of their services, ensuring they provide people with a good service. The registered manager was able to show us numerous audits which were carried out in the service. These included audits on health and safety, medicines, infection control, accidents amongst other areas. This helped to ensure the home was run in the best interest of people who used the service.

The service had developed a new quality assurance system called quality assurance risk management system (QARMS). QARMS maps all meetings, audits, communications, publications and feedback systems which must be completed and at what frequency to assess quality. The registered manager told us this helped with delegation and supported the team to keep on track. They also said it was a valuable tool to support them to look at patterns and trends in the service in relation to occurrences and feedback received. We saw records of the tasks planned in QARMS had been completed and some of those were undertaken by a more senior manager on behalf of the registered provider. Any actions identified had a corresponding action plan and we could see where actions had been completed.

We saw surveys had been carried out in 2015 to seek the views of families, people who use the service and staff. The results were overall positive and action plans had been produced to improve where issues were identified. However these had not been communicated back to those who had completed the surveys. We discussed this with the registered manager and they agreed to address this.

The registered manager and staff told us about numerous community links they have made and developed. This included working with the local university to place student nurses and access training, working with the local high school to provide entertainment to the people supported. Linking with local churches for people and recently the chef had received a national award for their work providing good quality food in a care home. The service has also won 'Yorkshire in Bloom 2015' for their gardens at the service. The registered manager told us this approach evidenced the extra mile they went and team work from staff in the service.