

Wellfield Estates Ltd

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

This was an unannounced inspection that took place on 17 September 2018.

Wellfield House is registered to provide accommodation and care for up to 23 older people, some of whom are living with dementia. 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 house which have been converted into one detached property. At the time of this inspection, there were 20 people living at the service.

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.

During the last inspection of Wellfield House on the 15 March 2016 we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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. The service was rated as good overall and requires improvement in safe.

Following the last inspection, we asked the provider to complete an action plan to tell us what they intended to do and by when to improve the key question; is the service safe to at least good. At this inspection, we found that required improvements had been made.

We found the evidence continued to support the overall rating of good and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good overall.

Why the service is rated good.

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.

Equipment checks were undertaken regularly and safety equipment, such as fire extinguishers and alarms. However, we found the provider did not have a risk assessment in relation to legionella to identify and assess any risks in the homes water system. During the inspection we were provided with assurances from

the director that the home would ensure a legionella risk assessment would soon be in place. The registered manager showed us an email confirming the director had commissioned an external provider to complete this risk assessment in October 2018.

Staff were kind and caring and treated people with respect. We observed many positive and caring interactions throughout the inspection. Staff knew people's likes and dislikes which helped them provide individualised care for people.

People's needs were assessed before they moved to the home and care plans were in place to inform staff of their needs and how they should be met. Staff worked with other health care professionals to maintain people's health and wellbeing.

There were effective and established systems in place to safeguard people from abuse and individual risk was fully assessed and reviewed. Accidents and incidents were recorded and appropriate actions taken.

Medicines management and administration processes were reviewed during the inspection and found to be safe.

We found that staffing levels were adequate to meet people's needs. A dependency tool was used to determine staffing levels and we saw that staff responded quickly to people when they needed attention.

Recruitment practices were safe and records confirmed this. Staff received induction and on-going training to enable them to meet the needs of people they supported effectively. Staff were supported by way of regular supervision, appraisal and access to management.

People's rights were protected. The registered manager was knowledgeable about their responsibilities under the Mental Capacity Act 2005. People were only deprived of their liberty if this had been authorised by the appropriate body or where applications had been made to do so.

People had access to a wide range of activities which were provided seven days a week and were well supported by staff to access the community and activities further afield.

Quality assurance practices were robust and taking place regularly.

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 and the rating for this domain had improved to Good.

The provider was ensuring reasonable steps were taken to ensure the safety of the premises. However, we found the provider had not ensured a legionella risk assessment was in place, but had commissioned one.

All the required checks of suitability had been completed when staff had been employed.

People were kept safe and there were sufficient staff to meet people's needs.

Is the service effective?

Good ●

The service remained effective.

Is the service caring?

Good ●

The service remained caring.

Is the service responsive?

Good ●

The service remained responsive.

Is the service well-led?

Good ●

The service remained well-led.

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 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 took place on the 17 September 2018 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to our inspection we asked the provider to complete a Provider Information Return. This is a form which asks the provider to give us some key information about the service, what the service does well and improvements they would like to make. We also reviewed the information we held about Wellfield House, including any statutory notifications submitted by the provider or other information received by members of the public. A statutory notification is information about important events which the provider is required to send to us by law.

We contacted Manchester local authority, and Healthwatch (Manchester) to obtain their views about the quality of this service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. All of the comments and feedback received were reviewed and used to assist and inform our inspection.

Due to the nature of the service provided at Wellfield House, some people were unable to share their experiences with us, therefore we completed a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection we spoke with eight people who used the service. We spoke with the director, nominated individual, registered manager, one senior care worker and two care workers.

We looked at staff training and supervision records for the staff team, one month of staff rotas and the two staff files including their recruitment records. We looked at nine medicines administration records in the medicines treatment room. We also looked at records of staff meetings, quality monitoring records, medicines adults, fire safety records and health and safety records relating to legionella, maintenance and

servicing of equipment. We read the fire risk assessment for the home.

Is the service safe?

Our findings

At the last inspection in March 2016 we found a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 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. At this inspection we found the provider had made the necessary improvements and was no longer in breach of this regulation.

Records showed that equipment and services within the home were serviced and maintained in accordance with the manufacturers' instructions. This included checks in areas such as gas safety, portable appliance testing, fire detection and emergency lighting. This helps to ensure the safety and well-being of everybody living, working and visiting the home. The registered manager kept a schedule which showed when servicing was required for the call system, lift, fire extinguishers and alarms and boiler and gas cooker. The service also had a business continuity plan in place. The plan contained details of what action needed to be taken in the event of an emergency or incident occurring such as a fire or utility failures.

Systems were in place to check the water temperatures at the home. However, we asked the registered manager to provide their assessment in relation to the testing of waterborne conditions such as Legionella. We were provided with evidence the home had ensured the water systems had been tested for Legionella in January 2018, this test indicated no bacteria was detected. We found the provider did not have a risk assessment in relation to legionella to identify and assess any risks in the homes water system. Legionnaires' disease is a potentially fatal form of pneumonia caused by the legionella bacteria that can develop in water systems. The Health and Safety Executive (HSE) guidelines 'Management of the risks from legionella within water systems' state care homes must ensure proper management of the risks from legionella are in place. During the inspection we were provided with assurances by the director that the home would ensure a risk assessment would be completed, an email provided indicated this would be in October 2018.

Risks to people were identified, assessed and managed safely. Risk assessments relating to people's mental health, physical health, personal health, moving and handling, behaviour, skin integrity, nutrition and falls had been completed and were found in people's care plans. The registered manager had introduced monthly 'audit reflections' to review the risks and record action taken to mitigate future risks to people.

Medicines management and administration processes were reviewed during the inspection and found to be safe. Staff completed training and their competency was checked annually to ensure they could administer medicines safely. A policy was in place to help guide staff practice. We observed medication rounds and found that staff were knowledgeable, followed correct procedures, sought consent from people and explained what they were doing. Medicines were safely stored.

Safeguarding concerns were logged identifying any learning and the learning was shared with staff at team meetings. The service had a whistleblowing policy in place to ensure staff understood how to raise concerns and staff confirmed they were aware of it. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or directly to external organisations.

People were protected from abuse. Staff followed the providers safeguarding policies and procedures and knew how to recognise abuse. Staff received safeguarding training and understood their responsibilities to raise concerns and discuss with managers and colleagues.

Staff told us, "I feel confident speaking out if I feel something isn't right", "Safeguarding our people is a priority, if I see something that's not done correctly I would report it" and "I have in the past reported concerns and the manager supported me with this in a professional manner."

We reviewed two staff files and saw that satisfactory recruitment and selection procedures were in place. The files we reviewed contained application forms, references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks are used by employers to check if employees are suited to working with vulnerable adults thereby supporting safe recruitment decisions.

During the inspection we found that staffing levels were adequate to meet people's needs. A dependency tool was used to help determine staffing levels and this was reviewed regularly. Staff were attentive and responded quickly to people when they needed attention.

We asked people who lived at the home if they felt there were sufficient staff to provide support when they needed it. People we spoke with felt there were sufficient staff to their needs. Comments included "Oh yes, always staff here", "Never had a problem, the staff are here to help me and the other residents" and "Plenty of staff here thank you." Staff also felt there were sufficient staff. Staff told us, "It can be busy as you would expect, but we have a really good team here and the manager will always help us out if we are struggling", "I feel we have enough" and "Everyone works well together and yes we have enough."

The service employed a domestic assistant, with responsibility for ensuring all areas of the home were clean and safe. A detailed list of daily and weekly tasks was checked and signed to show cleaning had been complete. This list included areas such as the tops of wardrobes, doors and drawer handles, carpets, blinds and radiator covers. The registered manager monitored hygiene and infection control to ensure equipment cleaning rota was in place to confirm all equipment, including hoists, lifting belts, commode and shower chairs, walking frames and wheelchairs and weighing scales were fit for purpose.

Staff we spoke to clearly understood the importance of infection control measures, such as the use of colour coded cleaning equipment and the use of personal protective equipment such as tabards, vinyl gloves and other protective measures when handling food or completing personal care tasks and cleaning. Disposable gloves and aprons were available from well stocked dispensers conveniently situated on corridors. Wearing such clothing protects staff and people using the service from the risk of cross infection during the delivery of care. Hazardous items such as cleaning materials were stored safely when not in use.

Is the service effective?

Our findings

At our previous inspection we found that the service was effective. At this inspection we had no concerns and the service continued to be good in this area.

We found that the decoration and physical environment of the service had been adapted to meet the needs of people living with dementia to promote their independence. For example, there was signage at key decision points such as doorways or junctions in corridors both inside and outside the premises. A collage of photographs displaying people who lived at Wellfield House involved in various activities was on display near the main office and was affectionately referred to as the 'memories tree'.

Prior to their admission into Wellfield House, people received a full assessment of their needs by the registered manager. This pre-admission assessment looked at how their needs and wishes could be met, with consideration of the needs and compatibility of the other people who used the service. When we looked at care records we saw that they included the views of people who may have been involved in care and support such as family members. Records also included any assessments completed by health and social care professionals such as social workers or occupational therapists. This information was then used to form an interim care plan so staff would understand the needs and wishes of the person and how best to meet them from the moment of admission.

We viewed a letter containing positive feedback from a healthcare professional about the staff and the care and support given. The letter stated; "For the past eight years (manager's name) has been a 'no nonsense' manager, who along with a super group of carers, cooks and an activity leader have transformed Wellfield into a lovely 'home from home' for those who need extra care and support in later life. Wellfield has a reputation for providing individualised care where the ethos is dignity and respect."

People who used the service received effective care and support from well trained and well supported staff. Many of the people who worked at Wellfield House had done so for a number of years and had developed a sound knowledge of the people who used the service and how they liked their needs to be met. Discussions with the registered manager, observations of and conversations with staff showed they had an in-depth knowledge and understanding of the needs of the people they were looking after.

Prior to working with people who used the service staff told us that they had been given a thorough induction into the service, which covered all aspects of provision and allowed time to get to know the people who lived at the home. During this period key training linked to the Care Certificate was delivered, such as moving and handling, infection control, first aid, and food hygiene. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. It is the minimum standards that should be covered as part of induction training of new care workers. Previous training and experience was acknowledged and records indicated that staff had further qualifications in care, such as Qualification and Credit Framework (QCF), formally known as the NVQ.

Staff received supervision on average four times per annum, along with an annual appraisal. The purpose of

supervision was explained to staff and recorded on their supervision record. We could see issues around staff performance were being identified and addressed through supervision and an action plan had been put in place to improve staff performance.

The lunchtime experience was positive and we saw that staff knew people, their needs, likes and dislikes well. There was a choice of menu and specialist diets were catered for, for example a soft option. To support people who may find verbal questions about choice difficult to respond to, staff showed plated options of each dish. This supported their understanding and enabled them to communicate their choice. Snack and night bite menus were also available. We spoke with one of the chefs who told us how cultural requirements had been catered for. Information about known allergens was retained in the kitchen.

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 make 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

There was a clear record of DoLS applications submitted and/or authorised which identified when they were due to expire and those which had conditions attached. We saw that mental capacity assessments had been carried out to check whether people had the capacity to make specific decisions.

People had good access to healthcare and staff monitored their physical and mental health needs. Evidence in the case notes we reviewed showed liaison with district nurses, regular health checks and GP visits for example, to monitor skin integrity.

Staff supported and enabled people to practice their faith and the registered manager told us a pastor regularly visited the home. Equality and diversity training was included in the provider's training programme.

Is the service caring?

Our findings

At our previous inspection we found the service was caring. At this inspection we had no concerns and the service continued to be good in this area.

Wellfield House had a homely, friendly feel and people spoke positively about the staff. We saw good interactions between staff and people, they knew each other well and had developed caring relationships. People told us, "Oh I have great fun with the carers, they all like to have a joke with me, which I love", "Very happy here, I can't praise the care people enough", "The care is excellent" and "This is a nice home."

We observed people being treated with dignity and respect. People were supported to maintain and develop their independence as far as possible and encouraged to make decisions on a day to day basis. We observed that staff were kind and respectful to people, they had a good understanding of people's needs, likes and dislikes. We observed staff knocking on people's doors, offering people drinks and snacks. Staff interacted well with the people and addressed everyone by name. The atmosphere felt calm and relaxed.

People who used the service responded well to this approach. It was clear that staff had taken time to get to know the people who they provided a service to. We saw from written records of care that information had been gathered about people's personal histories. There was also a section on what people enjoyed doing along with their likes and dislikes. This helped to enable staff to deliver person centred care. This had hugely boosted people's self-esteem.

People told us they were supported to express their views and were involved in decision making. One person said, "The manager will sometimes speak to me about my care needs. My family will also attend to make sure everything is understood." Within people's care plans we saw evidence that people had been involved in every step of their care plan and decision making.

Care workers were proactive in promoting the independence of people and encouraging them to learn new skills. One person said, "The staff are always on hand if I need their help, but I try to do as much as I can for myself." Another person told us, "I use my frame to get around, I don't want a wheelchair and the home respect that."

When people required support to make decisions and did not have friends or family to assist them, local advocacy services were contacted. An advocate is a person that helps an individual to express their views and wishes, and help them stand up for their rights.

All records were stored confidentially in an office and staff were taught about confidentiality and data protection topics. Staff were also informed about not putting confidential information on social media.

Is the service responsive?

Our findings

At our previous inspection we found the service was responsive. At this inspection we had no concerns and the service continued to be good in this area.

The care planning system stored people's pre-assessment and assessment details, risk assessment, accident and incident forms, daily notes and health information. This provided information and guidance to staff about people's care and how they wished to be supported. Information included people's personal care, health care, mobility, social care, communication, behaviours, end of life care, religious and cultural preferences, dietary needs and medication. Staff were able to give examples of how they met individual needs of people with a range of religious beliefs, for example relating to individual spiritual support, dietary requirements and personal care.

Care plans were reviewed monthly by the registered manager to ensure they met people's needs and were in line with their preferences. Each person had a one-page profile so staff could see at a glance what was important to the person and how best to support them. Information about people's daily routines, likes, dislikes and preferences were contained in their care plans.

People were given information in a way they could understand. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. People's pre-assessments gathered information about their communication needs if they have speech, hearing or sight impairments. This enabled the registered manager to respond to people's needs by producing large print documents and reading information to people. We observed staff supporting people who were not able to communicate verbally by sitting with them and asking them simple closed questions.

People living at Wellfield House were diverse and multi-cultural. Through talking to staff, we were satisfied the ethos and culture at the home was non-discriminatory and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination on the basis of age, disability, race, religion or belief and sexuality.

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. Activities included dementia friendly resources to support people with memory recall.

During the inspection we made observations using SOFI. This method is used to observe the experience of people who may not be able to tell us their views. During our observations we saw that staff were cheery, encouraging, reassuring and attentive. They encouraged people to join in activities, supported people to play bingo, chair exercise to music and singing to music.

The service had only received one formal complaint in 2015, and we saw that this was appropriately

recorded with evidence of response, investigation and outcome. 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.

At the time of the inspection there was no-one receiving end of life care. We saw from care plans that discussion had taken place regarding people's future wishes so that staff would be able to meet people's needs and preferences when the time came. Where required a do not attempt resuscitation (DNAR) instruction had been put in place and the electronic care management system provided instant access to this information.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. At this inspection we had no concerns and the service continued to be good in this area.

The service had a registered manager who was present during the inspection. The nominated individual was also present. The registered manager had been registered with the Commission since January 2011 and the service has benefited from a strong focused leadership with an open and positive culture. The registered manager said that the provider was responsive and supportive and there were good relationships with the management team and staff at the home. Staff told us, "[Manager's name] is excellent, she is always helping out on the floor", "The manager is brilliant, she is very fair with her staff and always wanting to drive improvements" and "There is always an open-door policy at this home, I can speak to the manager anytime."

There were systems in place to monitor the quality of the service. The registered manager and provider conducted regular audits and checks to look at the quality of care. For example, regular health and safety audits were undertaken to check the safety of the environment and where issues were identified appropriate action was put in place. We looked at several audits in place such as medication audits, environmental cleanliness, equipment audits and reviews of accidents and incidents.

There were regular staff meetings arranged, to ensure good communication of any changes or new systems. We saw the minutes of meetings that had been held. We saw how the team developed ideas and plans together so that all staff had ownership and were fully engaged in ensuring these changes were put into practice.

We saw that residents' meetings were held where people and their relatives were regularly involved in consultation about the provision of the service and its quality. We saw that regular reviews of people's care needs were held with relevant others. This meant that people and or their representatives could make suggestions or comment about the service they received and environment they lived in. These were for the service to address any suggestions made that might improve the quality and safety of the service provision.

Satisfaction surveys were carried out, we saw that a recent one had sought views about food, all responses were positive. However, we noted the provider did not produce a summary once surveys were analysed to inform people what the home did with their views. The registered manager acknowledged this observation to say she would start to do this.

The registered manager is required by law to notify CQC of specific events that have occurred within the service. For example, serious injuries, allegations of abuse and deaths. We reviewed records held by the service and cross referenced these with statutory notifications submitted to CQC. We found notifications were made in a timely way and that appropriate records were maintained.

It is a legal requirement that each service registered with the CQC displays their current rating. We saw the

rating awarded at the last inspection and a summary of the report was on display on the main noticeboard.