

Mrs Denise Thompson

Wishingwell Residential 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 well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Wishingwell Residential Care Home provides accommodation and personal care for up to 4 older people who may be living with dementia. Accommodation is provided in an adapted house over 2 floors. At the time of our inspection there were 4 people using the service.

People's experience of using this service and what we found

People had a very positive experience of using the service and consistently praised the care and support they received. However, there were wider risks and issues with how the service was managed which put them at increased risk of harm. Staff had not been safely recruited and they had not always completed appropriate and relevant training. Risks had not been thoroughly assessed and managed. This included risks in relation to fire safety, people's mobility and use of the stairs, and the safe management and administration of medicines. The provider had not completed audits or checks so issues that put people at risk of harm had not been identified and addressed.

People were not always supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible; the policies and systems in the service did not support this practice.

We made a recommendation around monitoring people's weight to ensure any issues around malnutrition could be identified and addressed in a timely way.

Despite these concerns people felt safe and well cared for. People praised how staff supported them, and relatives felt there was excellent communication, and that they were involved in all aspects of people's care.

The home environment was clean and welcoming. Staff were friendly, kind and respectful.

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

Rating at last inspection

The last rating for this service was good (published 9 October 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service. As a result, we undertook a focused inspection to review the key questions safe, effective and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the

service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wishingwell Residential Care Home on our website at www.cqc.org.uk.

Enforcement and Recommendations

We identified breaches in relation to the safety of the care, the recruitment of staff, consent and the provider's oversight and governance arrangements at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We requested an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Wishingwell Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was completed by an inspector.

Service and service type

Wishingwell Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Wishingwell Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is an individual, so they are not required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service. Registered managers and providers are legally responsible for how services are run, for the quality and safety of the care provided and compliance with regulations.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used all this information to plan our inspection.

The provider did not complete the required Provider Information Return (PIR). This is information providers are required to send us annually with key information about the service, what it does well and improvements they plan to make. Please see the Well-Led section of the full inspection report for further details.

During the inspection

We spoke with 3 people who used the service and 3 people's relatives about their experience of the care provided. We received feedback from 1 health and social care professionals and spoke with 4 members of staff including the provider and 3 carers.

We reviewed a range of records. This included 3 people's care records and 4 people's medication records. We looked at 2 staff files in relation to recruitment, training and supervision. A variety of other records relating to the management of the service were also reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People were at increased risk, because staff had not been safely recruited. Disclosure and Barring Service (DBS) checks had not been completed on new staff employed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had not obtained staff's full employment history to help identify and explore any gaps in employment or the reasons for leaving previous jobs in care. They had not always obtained appropriate references before new staff started work or explored whether new staff had any health conditions which may impact on their work.

Although people gave consistently positive feedback about the kind and caring staff employed, the failure to complete appropriate checks showed staff had not been safely recruited. This was breach of Regulation 19(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- People's medicine had not been managed safely. Medicines were not securely stored and staff did not follow good practice guidance when preparing to administer people's medicines, increasing the risk of mistakes.
- Records did not include all required information to help ensure medicines were administered safely. For example, in relation to medicine stock levels or to guide staff on when to administer medicines prescribed to be taken only when needed.
- Out of date medicines or those that were no longer being given to people had not been returned to the pharmacy.
- The provider had not used competency checks or audits to help monitor and make sure medicines were managed and administered safely.

Whilst there was no evidence people had been harmed because of these concerns, the failure to ensure the safe management of medicines put people at risk and was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to our feedback and acted to make improvements to help ensure medicines would be managed safely in future.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety had not always been thoroughly assessed. For example, assessments were not completed in relation to the risks around people's mobility and the support they needed to safely use the stairs.
- Risk assessments that were in place did not always include detailed plans for managing risks to guide staff on how to safely meet people's needs.
- Robust and safe plans were not in place to make sure people could be evacuated from the service if there was a fire. We shared our concerns with North Yorkshire Fire and Rescue Service.
- The service's stair lift and a bath chair had not been regularly tested to make sure they were safe to use.
- Accidents and incidents were recorded, but there was no evidence to show these incidents had been reviewed to explore what if any action could be taken to prevent a similar thing happening again.

Although people praised the care they received and felt safe at the service, these concerns showed the provider had not done all that is reasonably practicable to assess and manage risks. This was a breach of Regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the care and support staff provided. A person told us, "I feel very safe here. The staff are so friendly and welcoming." A relative explained, "I sleep at night because of the staff and how well they care for them."
- There had been no recent safeguarding concerns at the service. Staff had completed training to help them identify and report any concerns should they need to.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were somewhat assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured the provider's infection prevention and control policy was up-to-date.

We have signposted the provider to resources to develop their approach to auditing infection prevention control practices and to develop their infection prevention and control policy and procedure.

Visiting in care homes

- People were supported to meet safely with their family and friends. Visitors were encouraged and welcome at the service. A relative explained, "You can visit anytime you want; it doesn't matter what time I

go, the staff welcome me with open arms."

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always guarantee they would achieve good outcomes.

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 MCA 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. 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.

- The provider had not followed a robust process to explore people's ability to consent, assess their mental capacity and in making best interests' decisions in relation to the times people went to their bedrooms or in the decision to apply for DoLS.

This was a breach of Regulation 11(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People gave positive feedback about the quality, choice and availability of the food and drinks provided. A relative told us, "It's all home cooked. The staff make such an effort to present it well and they always have plenty to eat and treats afterwards."
- People were supported to eat together. Food served looked appetising, and staff provided effective support to encourage people and help make sure they ate and drank enough. However, people had not been regularly weighed, despite losing weight. The provider did not have an effective system to help assess any weight loss and identify if the person was at risk and further action was needed.

We recommend the provider uses nationally recognised good practice guidance to help them monitor people's weight and to identify if they are at risk.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- People's care plans and risk assessments contained basic information about their needs, but lacked detailed plans for how staff should support them or how risks were managed.
- Staff had not always completed appropriate and relevant training, for example, first aid training or training on how to use equipment that would be needed to evacuate people if there was a fire. The provider had not used competency assessments or spot checks to help monitor and address practice issues, for example in relation to how staff managed and administered medicines.
- Despite these concerns, people gave consistently very positive feedback about staff's skills and the support they provided. A person explained, "The staff are wonderful. They are helpful and friendly."

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

- People benefited from living in a welcoming and homely environment. The service was set up to enable people to live like a small family group and there was a close-knit community in the service. A person explained, "I'm very lucky, we all get on well together and look after each other."
- People had been supported to personalise their bedrooms. There were communal areas and a safe outside space for people to use and enjoy.

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

- People were supported to attend appointments and access healthcare services when needed. A person explained, "We have a local doctor, and the staff take to them if needed." A relative told us, "If anyone is a little bit unwell, the staff will stay and look after them. They can't do enough for them."
- Whilst people gave consistently positive feedback about the support provided to access healthcare services, staff did not always record detailed information about their contact with or advice received from healthcare professionals. We spoke with the provider about developing defensible documentation in this area.

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.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider had not completed audits or checks so issues found during the inspection had not been identified and addressed. For example, the provider had not ensured staff were safely recruited. Risks in relation to fire safety, had not been thoroughly assessed and managed. Medicines had not been safely managed and staff had not always completed appropriate training.
- Whilst people gave consistently very positive feedback about the care they received and their experience of using the service, the widespread issues with how risks were monitored and managed put them at increased risk of harm.
- Clear and complete records were not always available in relation to the care and support provided or to support the good care people told us they received.
- The provider had not responded to requests to complete CQC's PIR or to engage in monitoring activity with CQC.

The failure to establish and operate effective systems to assess, monitor and improve the safety of the service was a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was responsive to feedback and began to address these concerns during the inspection.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Despite the concerns identified, people had a positive experience of using the service and were very happy with the care they received.
- People benefited from living in a caring environment. Relatives explained, "I'm extremely pleased with everything, the staff can't do enough for them. It's lovely" and, "The staff couldn't be any more helpful. I can't praise them enough. No matter who you speak to they are always very friendly and nice. It's a home from home, we've been very lucky."
- The provider was clearly focused on understanding and meeting people's individual needs, but had not always ensured wider risks and issues were managed.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their responsibility to be open and honest with people.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives felt fully involved in how care was delivered. They praised the excellent communication and how staff worked with them to meet people's needs. A relative explained, "They always ask me what I think and for my opinion I am totally included in everything."

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	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider had not ensured consent to care was sought in line with relevant legislation and guidance. Regulation 11(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had not assessed risks and done all that is reasonably practicable to mitigate risks; they had not ensured the safe management of medicines. Regulation 12(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not established and operated effectively systems and processes to assess, monitor and improve the quality and safety of the service and to mitigate risks. Regulation 17(1).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not ensured staff were safely recruited. Regulation 19(3).

