

Leonard Cheshire Disability

Wharfedale House - Care Home Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wharfedale House- Care Home Physical Disabilities is a residential care home providing personal and nursing care to 14 people aged 18 and over at the time of the inspection. The service can support up to 18 people. The accommodation is purpose built to accommodate people with a physical disability and all rooms have en-suite bathroom facilities, there are several containing kitchen facilities.

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

We found there was enough staff however the service was dependent on agency staff. People told us they did not want to be supported by agency staff who did not know their needs "they haven't even read my care plan, they don't know me".

The service had improved how agency staff record information related to the administration of people's medicines. An electronic system had been implemented and all staff were trained. All staff who administered medication had been trained.

The leadership team within the home had undergone significant changes since our last inspection. This included several periods where the service did not have a manager; however, a new manager had been recruited and started in January 2022. Staff and people using the service told us they felt the service was improving under the new leadership "things have started to get better, yes there is improvement".

The provider audited the service however, some of the audits we received were not robust. We saw evidence accidents and incidents were being recorded however, there was no analysis to identify patterns and trends which could be addressed and used to reduce any apparent risks. We recommend the provider reviews how effective their systems are and takes action to update their practice accordingly.

The provider had addressed and achieved compliance in relation to previously identified breaches of regulation 12 and regulation 17.

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

Rating at last inspection

The last rating for this service was requires improvement (published 11 March 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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

The overall rating for the service has remained requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe, responsive and well-led sections of this full report. You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for on our website at www.cqc.org.uk

Enforcement and recommendation

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We made a recommendation for the provider to review their implementation of effective quality assurance processes.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was not always well-led.

Requires Improvement ●

Wharfedale House - Care Home Physical Disabilities

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.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an Expert by Experience. 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

Wharfedale House- Care Home Disabilities is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been recruited in January 2022 and was in the process of registering with CQC.

Notice of inspection

We gave the service 24 hours' notice of the inspection. Inspection activity started on 22 February 2022 and

ended on 30 February 2022. We visited the location on 22 February 2022.

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, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We looked at a range of information including care records, audits, complaints records, recruitment files for staff and records relating to accidents, incidents and safeguarding. We spoke with four members of the management team and three members of care staff. We spoke with three people who used the service and four relatives, to better understand their experience of care provided at the home. We also spoke two professionals who work with the service.



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 requires improvement. The rating for this key question has remained 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.

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

At our last inspection, we found risk assessments relating to the health, safety and welfare of people using the service had not been completed. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The service completed a recent health and safety audit which demonstrated the service was improving.
- The provider was able to evidence environmental safety checks had been carried out. When issues were identified the provider had addressed these in a timely manner.
- Risks to people's health and welfare were assessed and clear plans put in place to manage and mitigate identified risks.
- Records of accident and incidents were completed.

Systems and processes to safeguard people from the risk of abuse

- We found safeguarding concerns were raised however recorded learning outcomes under the previous management were limited. The current management were aware and had started to take action to improve learning which could then inform improvement.
- Most people we spoke with told us they felt safe, people told us "yes, I feel safe. If I'm worried I talk to the staff. I feel easy talking to them" however some people told us they did not feel safe. One person told us "I do not feel safe with all the agency staff, they do not know me, they don't know my needs".
- Staff was up to date with safeguarding training and had a good understanding of their responsibilities to make sure people were kept safe from harm. We saw evidence safeguarding was discussed in team meetings.
- Staff knew how they could whistle blow. Whistleblowing is where people can disclose concerns, they have about any part of the service where they feel dangerous, illegal or improper activity is happening.

Staffing and recruitment

- Systems and processes were in place when the service recruited staff.
- There was enough staff however, the service was highly dependent on agency staff. People told us the agency staff did not know how to care for them, often people would decline support from agency staff. The manager told us recruiting staff to the Wetherby area was difficult, we saw evidence management were taking ongoing actions to try to address staffing issues.

- Complaints included concerns regarding the length of time staff took to answer call bells, however people we spoke with told us this had improved recently. People told us they did not want agency staff who did not know them to answer their call bells. The management team was aware and were trying to address this issue.
- The provider told us they had measures in place to mitigate the risks associated with COVID-19 related staff pressures.

Using Medicines safely.

At our last inspection staff were found to be retrospectively completing medication records on behalf of agency staff. This was a breach of regulation 12 (medicine) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found the service had a system in place for agency staff to record medicine electronically. Following the inspection, the service provided evidence of further improvement to the system.
- All staff who administered medication had been trained and they told us their competency to administer medication had been assessed. We reviewed competency assessments and the provider had ensured robust checks had been carried out.
- People and relatives told us medication was administered safely and in line with their preferences.
- The service completed regular medicine audits.

Preventing and controlling infection

- We were somewhat assured the provider was using PPE effectively and safely. We observed staff not wearing masks correctly during our inspection. This was raised with the leadership team who stated they would address the issue immediately by speaking to all staff. People who used the service told us staff wore masks correctly.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was meeting shielding and social distancing rules.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was accessing testing for people using the service and staff.
- We were assured the provider was taking steps to effectively prevent and manage infection outbreaks.
- We were assured the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Is the service responsive?

Our findings

At the last inspection this key question was rated as good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's likes, dislikes and what was important to the person were recorded in people's care plans.
- Staff were knowledgeable about people's specific needs and preferences. Staff could explain how they supported people in line with this information.
- Relatives told us people were involved in their care planning and their care plans included preferences for care. One family member told us "[Relative] does have a care plan. It's as we both want it. We're happy with everything. Staff talk with me".

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and the service ensured steps were taken to communicate effectively with people.
- Communication about people's needs and any changes in their care and support was shared appropriately with staff through daily handover, ongoing daily communication and team meetings.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were activities available for people using the service. People enjoyed the activities offered. One person told us "I go to the shops and church".
- Most people told us there was a person-centred approach with routines flexible depending on people's preferences on any given day, one person said "My care choices are listened to. I have en-suite facilities and have a bath or shower every morning".

Improving care quality in response to complaints or concerns

- There was an appropriate complaints management system in place. The service had a complaints log to record all the complaints received. A theme identified in the complaints log was staffing levels, the service had increased afternoon staffing levels in response to the concerns raised.

End of life care and support

- End of life care arrangements were in place to ensure people had a comfortable and dignified death.
- The service worked with families and people to assess and document their end of life wishes.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved 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.

Continuous learning and improving care

At the last inspection we found systems in place to monitor and improve the quality of the service were not effective. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider audited the service on a periodic basis, to help share learning and ensure consistent high standards. They demonstrated they were committed to addressing any concerns or ideas to improve the quality of the service. However, some of the audits we received were not robust and needed further embedding in practice.
- We saw evidence accidents and incidents were being recorded however, there was no overall analysis identifying any patterns or trends which could be addressed, and subsequently reduce any apparent risks.

We recommend the provider reviews how effective their systems are and takes action to update their practice accordingly.

- People and their relatives told us there had been recent improvements they had experienced in the care.
- The provider had addressed and achieved compliance in relation to all previously identified breaches of regulation.
- The management team understood their duty of candour, to be open and honest when things went wrong.

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

- The new manager had begun to make improvements to the services governance systems. At our previous inspection we found several areas where governance processes were not being carried out appropriately; the new manager was able to evidence how they were addressing this.
- Staff felt confident improvements being made at the home would continue under the new manager. One staff said, "I'm hopeful it will continue to get better". However, some staff and people using the service expressed concerns regarding the sustainability of improvement. One staff member told us "its got better, everything has improved with [new manager], guess we have got to see if it lasts".
- The service did not have a registered manager in post. The previous registered manager de-registered.

However, the registration for the new registered manager was in progress.

- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements. However, these needed to be further embedded, to ensure there was a continuous approach to improving care.
- There was a training matrix in place which showed staff were up to date with training. There was one person not up to date with training, however this was resolved following the inspection.
- The provider had policies and procedures in place which covered all aspects of the service. The policies seen had been reviewed and were up to date.
- Staff received regular supervisions in line with the provider's policy.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service told us that they were currently in the process of piloting a survey for people using the service in another region which would be rolled out later in the year. The service shared a record from the last resident meeting which collated feedback from people and actions currently in progress and actions complete.
- There were staff meetings, however the service told us these had not been as regular under the previous management. The staff meetings included the whole staff team and covered all aspects of the service, this included key agenda items such as safeguarding, health and safety, training, updates and staffing.
- Staff had not been provided with surveys to share their views on the positive aspects of the service or where they felt the service could improve.
- The service had worked in partnership with the local authority. However, feedback from healthcare organisations was mixed. One professional told us the leadership was good, however another professional said "communication is poor".

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 was sending statutory notifications to CQC.
- The provider displayed their current CQC rating in the service.