Alliance Care (Dales Homes) Limited

Wheaton Aston 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We inspected this service on 31 January and 1 February 2017. This was an unannounced inspection. This was the first inspection at the service since it re-registered with CQC. The service was registered to provide accommodation for people who required personal and nursing care for up to 36 people. At the time of our inspection there were 31 people using the service.

The service did not have a registered manager in post at the time of our inspection, however, an application had been submitted to CQC by the manager in post. 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 and associated Regulations about how the service is run.

We found that although sufficient staff were working at the service during the day time, there had not been sufficient staff working on the night shift to meet people's needs. We found that the dependency tool used by the service had calculated that more staff were required and staff and people using the service told us that there were insufficient staff on the night shifts. We discussed this with the manager during our inspection and staff numbers were increased during the course of our inspection.

There were a range of activities which took place at the service. There were activities to meet people's individual needs and activities had been arranged in response to people's feedback. However, we found that people had also told the management that they would like some trips out and we found that these had not been on offer for people prior to our inspection. We were informed by the manager during the course of our inspection that a trip had been arranged for people and that these would be on-going.

People felt safe at the service and risks associated with their care delivery had been assessed and planned for. Staff knew how to protect vulnerable people from abuse. People's medicines were safely managed and staff had been safely recruited.

People could choose how they spent their time and were offered a choice of nutritious food and drink.

The principles of the Mental Capacity Act 2005 (MCA) were being followed. Mental capacity assessments had been carried out when people may have lacked the capacity to make decisions about their care and treatment. Deprivation of Liberty Safeguards (DoLS) had been applied for where needed to ensure that people's rights and liberties were being protected.

Staff were kind and caring and people were given the opportunity to be involved in their care.

The service was managed well. Staff felt supported and were positive about the changes that the manager had implemented since taking up their post. Staff performance was monitored and staff were able to raise issues and concerns should they need to.

The quality of people's care was assessed and monitored and there were charts in place for people who may have been at risk of malnutrition or of pressure sores. These charts were regularly checked to ensure people's safety.

The manager notified the relevant agencies when incidents occurred at the service and accidents and incidents were logged and action taken to reduce the risk of them re-occurring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe at the time of our inspection.

There were insufficient staff to meet people's needs on the night shift. The provider increased staffing numbers during the course of our inspection.

Risks to people's health and well-being were managed and assessed. People received their medicines safely.

People felt safe at the service and staff knew how to recognise and report abuse.

Staff were safely recruited.

Is the service effective?

Good

The service was effective.

Staff were trained to deliver safe and effective care and training was on-going and monitored by the manager.

The principles of the Mental Capacity Act 2005 were being followed and people's consent was sought where needed.

People had enough to eat and drink and people's nutritional risk was assessed and monitored.

People's health needs were monitored and referrals were made to health professionals as required.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and compassion.

People's privacy was respected and their dignity maintained.

People were able to express their views about their care and how the service was run.

Is the service responsive?

Good

The service was responsive.

People were involved in the planning and delivery of their care and able to express their views about how the service was run.

Complaints and concerns were managed and logged and people felt they were able to raise any issues.

There were regular meetings held for people who used the service.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Feedback from people using the service had not always been responded to.

Systems were in place to monitor and assess the quality of care being delivered. However, there was no monitoring system in place to measure how staff were able to meet people's call bells.

Staff felt supported and were able to approach management should they need to.

There was clear management structure in place and staff were delivering care in line with the vision and values of the provider.

Wheaton Aston Care Home

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 was 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 31 January and 1 February 2017 and was unannounced. The inspection team consisted of one 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.

Prior to our inspection we reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification is information about important events which the provider is required to send us by law. We also asked commissioners if they had any information they wanted to share with us about the service. We used this information to formulate our inspection plan.

We spoke with seven people who used the service, four relatives, five care staff, three nurses, the manager, the deputy manager and the regional manager. We viewed six records about people's care which included their daily care notes and medicines records. We looked at food and fluid charts and turn charts where these were in place to ensure people were receiving the care they needed.

We looked at the systems the provider had in place to monitor the quality of service to ensure people received care and treatment that met their needs.

Requires Improvement

Is the service safe?

Our findings

Some of the people we spoke with told us that there were insufficient staff working at the service during the night. We spoke with seven people who used the service and four of those people raised with us that they felt there was not enough staff on duty to meet people's needs on the night shift. A relative we spoke with also commented on this. One person who used the service said, "The staff do their best but at night there are only two carers and a nurse. With lots of residents it is not enough. It tells on the staff and then their strain reflects on the residents." Another person told us, "In the day yes, but no, not at night when there is only two carers and one nurse on. I don't think it's enough. People coming in now seem to have greater needs nowadays and the buzzers go off a lot at night. The staff do their best but I feel sorry for them rushing around. I have said in the past that they need more." We saw that people had raised the issue of staff numbers at night, however, the manager told us they felt that they had sufficient members of staff on duty due to the dependency tool they used. We referred to this dependency tool which stated that the service would need 3.1 staff members on duty during the night. This tool had calculated this staffing requirement on 5 January 2017 when there were 29 people using the service. At the time of our inspection there were 31 people using the service and three members of staff were on the night shift. The manager had observed a night shift in December and felt that there were enough staff on duty, however, numbers of people living at the service had increased since that time.

Staff meeting minutes showed that staff had raised being "stretched" at night. The manager told us that they had addressed this by placing an additional nurse on duty when it was the weekend when the medication had to be booked in at the service. However, during our inspection several members of staff told us that there were insufficient staff on duty to meet people's needs. One staff member told us, "We're running around like headless chickens."

We asked to see the call bell response times at night and were told that the service did not have the data to measure this. Based on the calculation of the dependency tool, the information people using the service gave us and the staff reporting that more staff were needed at night we concluded that two care workers and one nurse at night was not sufficient to meet the current needs of the people using the service. During the course of our inspection the provider increased the number of staff working at the service at night so that there was a nurse and three care workers on throughout the night. However, this had not been considered prior to our visit despite staff and people telling management that this was an issue.

People felt safe living at the service and told us that the staff who cared for them made them feel safe and secure. One person told us, "Oh yes I feel very safe. I had a fall and came here after that after selling my house. I wouldn't be anywhere else." Another person said, "Well I've only been here a fortnight but I feel very safe and cared for." People told us that there were enough staff on duty during the day. One person said, "Yes I do feel perfectly safe here because there is always someone around and everyone has time for you." Staff told us that although they were busy during the day, they felt that there were enough staff to meet people's needs. We observed there was adequate numbers of staff on duty during our inspection, during the day time.

Staff understood how to protect vulnerable people from the risk of abuse and were able to tell us how they would respond to any suspected abuse should they need to. We saw that the home manager recorded any allegations or suspicions of abuse and that appropriate action was taken and that the appropriate agencies were notified. For example, we found that one person who had come to the service from another home had been admitted with pressure sores. This had been reported as a safeguarding incident to the local authority and CQC due to the severity of this person's wounds.

We found that there were assessments in place to measure the risks associated with people's health and their care delivery. Risks had been identified, recorded and planned for and where people were found to be at risk, measures had been taken to monitor and improve their health outcomes. For example, where people's nutritional risk was high, people had food and fluid charts in place to ensure that they ate and drank adequately. People were supported to turn regularly where they were at risk of pressure sores and charts were fully completed as required. During our visit we were told that one person had a pressure sore that they had come to the home with, but that this had almost healed. We found that one of the nurses working at the service specialised in this area of care and that this was being effectively managed and monitored.

We looked at how medicines were managed and found that systems were in place to ensure that these were managed safely. Registered nurses completed records when they had administered medicines to people and did so safely. Medicines were stored safely and we checked stock to ensure this was accurate and up-to-date. Staff were trained in administering medicines to people and had regular checks to ensure they were doing so safely. Checks were carried out regularly to ensure that any errors or omissions were picked up and action taken where needed.

Staff were recruited using safe recruitment procedures. Pre-employment checks were carried out to ensure prospective new staff were fit and of good character. These checks included disclosure and barring service (DBS) checks for staff. DBS checks are made against the police national computer to see if there are any convictions, cautions, warnings or reprimands listed for the applicant. This meant that the manager could be sure that staff were of good character and fit to work with vulnerable people.

Good

Is the service effective?

Our findings

Staff we spoke with told us that they felt trained and able to deliver care to people safely. We found that nurses working at the service each had areas of care practice they specialised in and this enabled people to have care and treatment which met their individual needs. Staff had an induction when they started working at the service which included key areas of delivering safe care to people. One staff member told us, "They're pretty hot on the training." Several care workers at the home were working towards Diplomas in Health and Social Care.

When we reviewed staff training records we did find some gaps in the training that staff were due to have delivered to them. When we spoke with the manager about this they informed us that this was all being booked for staff and we saw evidence that this was the case. The provider had moved from e-learning to face to face training and there was a dedicated area for this to be facilitated within the home. The deputy manager was overseeing and planning future training for staff.

We looked at the care records for people using the service to assess whether the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) as some people using the service had a diagnosis of dementia and may have lacked the capacity to make decisions in relation to their care. The MCA provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible.

We found that, where required, people using the service had a mental capacity assessment in place. This detailed their ability to make and understand decisions in relation to their care and treatment. Where people were deemed to lack capacity, best interest decisions had been documented.

We saw that staff offered people choices in how they wanted their care delivered. For example, one person didn't like to have their door closed and this was documented in their care plan. People were offered choices in how they spent their time during the day and were supported by staff who gained their consent before delivering care to them.

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 Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. We saw applications relating to DoLS had been completed and referred to the relevant authority. Several of these were awaiting an assessment, however, the service had recognised where people may be restricted of their liberty and had taken the necessary steps to ensure that this was done lawfully and in people's best interests.

People were given enough to eat and drink. There was a menu in place and this provided a choice of meals

for people each day. People we spoke with were complimentary about the food and we found that people could eat when and where they chose to. One person told us, "I sometimes go into the dining room and sometimes not. I stay in my room if friends are visiting and they bring it to me. I don't need help. There is always a selection of food and drink." Another person commented that, "They do assist me sometimes and are quite careful. Yes, you get a choice of food." One of the relatives we spoke with told us, "My relative does need help with meals but the food and drink are all good here. I have no criticism there." During our inspection we observed people seated in a pleasant dining room with assistance from staff, where needed. People were able to chat with one another and where people chose to remain in their rooms their meals were taken to them.

People's nutritional likes and dislikes were included in their care records, along with any risks associated with their nutritional needs. People were regularly weighed and their nutritional intake was monitored as and when required. The food provided was nutritional and drinks were available for people throughout the day and night.

We found that referrals were made to health professionals when needed and this happened during the course of our inspection when someone using the service felt unwell. Daily records made by staff detailed people's well-being and regular well-being checks on people who required nursing care were documented. People and their relatives were involved in decisions about their care and treatment and people were monitored where needed.

Good

Is the service caring?

Our findings

Staff were kind and caring and treated people with care and compassion. People we spoke with described how staff delivered their care and all of the people we talked with felt that the staff looking after them did so appropriately and sensitively. One person told us, "Yes, like I said they are wonderful and always make time to talk with me. Everyone has time for you." Another person we spoke with said, "I am looked after well. They are very caring and careful with me." Nobody raised any concerns with us about how staff treated them.

We observed staff treating people with kindness and ensuring that their privacy was respected. Some people preferred to spend time in their rooms and where people were cared for in bed, their dignity was maintained at all times. Some people living at the service were very frail and staff knew how best to communicate with them and demonstrated that they knew these people well and how they liked their care delivered.

People were involved in their care planning and delivery. During our inspection the manager was in the process of arranging reviews of people's care needs and ensured that people and their relatives were included in this process where they wanted to be. People were able to express their views about the service. Regular meetings were held with people who used the service and issues were raised about how things could be improved. We saw that people had raised wanting to go out on day trips. During the course of our inspection a trip for people was arranged in response to this feedback.

There was a "Resident of the Day" process in place which involved reviewing this person's care records, their well-being and talking to them about any issues or concerns they may have. This put people at the centre of their care and ensured that they were able to express their views about how their care and treatment was being delivered to them.

Good

Is the service responsive?

Our findings

One person who used the service told us, "Well I've only been here a few weeks but they are looking after me well. They know my background, I used to play tennis and had a horse. They also know I am a vegetarian." A relative said, "Yes I have been happy with the care. Like I've already said it's the little personal things they do that mean so much to me and my relative." We reviewed people's care records and found that they documented people's preferences as well as their preferred outcome in relation to the delivery of their care. There was evidence that people had been involved in the care planning process and that their choices had been both respected and incorporated into the planning and delivery of their care and treatment. People and their relatives described being aware of the care plans in place and felt that they could express their views about the service and the delivery of care should they need to.

People were complimentary about the amount on offer in terms of activities within the home. One person told us, "They ask what I like. I have been to the quiz this morning and doing Oomph (the exercise class) later. They keep you on the go." Another person said, "Well they have plenty of things going on in the lounge that you can go to if you want to. Sometimes I choose to, sometimes not, depends how I feel. They always ask if I want to go and support to take me if I choose to." We found that there were activities within the home and that these were on offer to people throughout the day. During our two day inspection there was an exercise class for people who used the service, flower arranging and a live singer attended and performed. These activities were offered to everyone who lived at the service and we saw that many other activities that people enjoyed were regularly scheduled to take place. For example, people were able to take part in gardening activities, play games and get their hair and nails done. We also found that people's care records contained a list of individualised activities that they had indicated they enjoyed.

Regular meetings were held with people to discuss any concerns or issues within the service and we saw that these were documented and that people were able to express their views. We did find that people had raised wanting to go out on a day trip. We raised this with the manager who informed us that a trip had been arranged for April of this year and that this would be open to everyone who used the service. The manager also informed us that they were looking to strengthen the links with the community for people who used the service and that they were hoping to start a choir within the home.

None of the people we spoke with or their relatives had raised a complaint with the service but all felt that they would be able to if needed. There was a complaints policy in place and people were aware of who they could complain to. There was a system in place for logging any complaints raised and these were logged and audited as part of the home's quality monitoring.

Requires Improvement

Is the service well-led?

Our findings

During our inspection we were concerned about the number of staff on duty at night as a result of what people who used the service and staff had told us. When we asked to see how staff numbers at night were determined we were shown a dependency tool that was used at the service. This indicated that more staff were needed at a time when fewer people were using the service than on the day we inspected. The management had not been able to measure how quickly people were responded to at night as there was no call bell monitoring in place. We were told that this should have been available from the system which had been installed, however, it wasn't due to the way in which they system had been connected at the service. Although the call bell system was reviewed during our inspection and night staff numbers increased, these issues had not been addressed prior to our visit. As staff and people using the service had raised this as an issue with us we found that the manager was not always effectively monitoring the quality of care being delivered.

People's views were sought and these were looked at to measure people's experience of using the service, however, these had not always been fully considered. For example, people had raised wanting to go out on trips, something the provider stated was offered at the service. Prior to our inspection no trips had been planned for people in response to this feedback. A trip was planned during the course of our inspection.

People using the service spoke positively about the management of the home. One person said, "The staff are lovely and the manager. She is hands on and always calls in to see me. I like that." The relative of someone using the service told us, "Very good and also I have peace of mind as since the new manager came here there appears to be a buzz about the place and her enthusiasm is more than the others before and is rubbing off." There was a manager in post at the time of our inspection who had submitted an application to register with CQC. The new manager had made some changes at the service and staff reported to us that these had been positive for them and for the people who used the service. Staff also told us that they felt things at the service had improved since the new manager had come into post. One staff member told us that the manger had "completely turned it around" and went on to say that "[The Manager] has got the drive and we are all behind her." Another care worker said, "[The Manager] has done a lot in the last three months."

Staff felt supported in their roles and we saw that regular meetings were held with staff to review their performance and to discuss any issues they may have. Staff were able to raise issues and described there being an "open door policy" in place at the service so that they were encouraged to approach the management at any time, should they need to.

The manager and staff were clear about the vision and values of the organisation. There was a focus on delivering person centred care and this was evident during the observations we made at our inspection.

Regular checks were carried out in relation to people's food, fluid and turn charts, where these were in place, to ensure people's safety. Medicines were administered by the registered nurses on duty and medicine administration records were checked to ensure people were getting the medicines they needed.

The home had a number of different audits which took place in order to measure the quality of care being delivered and to monitor any patterns and trends in terms of incidents, accidents and complaints.

There was a clear management structure in place at the home and clinical staff led on different areas of care. This ensured that staff had a point of contact should they need advice. Clinical staff were clear on their roles and responsibilities and delivered safe and effective care to people.