

Mrs Carol Anne Yates

Wallfield House 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 caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

This inspection visit took place on 1 August 2016 and was unannounced. Wallfield House Care Home provides personal care for up to 15 people. There were 10 people living in the home on the day of our inspection visit. The registered person had owned and managed the service since 1989.

The service did not have a registered manager as this is not required as they are the sole provider. 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.

Risks to people had been assessed although not all risks had been managed to prevent further injuries. The provider had identified that different equipment was needed to reduce further injury and this had not been provided. Domestic furniture was being used to restrict people from falling from their bed although this had not been assessed as being suitable and safe to use.

People consented to their support and were able to make choices about their care. Applications to restrict some people of their liberty had been made. These people may have capacity to make decisions about how they wanted to be supported and any restrictions that may be placed upon them for their safety.

Where people needed a blended diet, this was blended together which did not allow people to continue to taste the different food ingredients within the meal. People's health and wellbeing was monitored and the support of healthcare professionals was sought whenever specialist advice was required. People were asked what they would like to be prepared and could eat and drink food they liked; the dining area offered people a pleasant dining experience. People could choose to have a glass of wine or a drink of alcohol with their meal and there was a range of condiments offered to people.

Staff understood their role when taking action to protect people from the risk of abuse and knew how to act. There was a sufficient number of suitably recruited staff to provide support to people. People benefitted from receiving care from staff who had training to enhance their skills and knowledge. Staff received supervision and on-going support to check they were competent and had an opportunity to discuss further developments. People received their prescribed medicines to keep them well as there were processes in place to ensure medicines were administered, recorded and stored correctly.

People contributed to the development of their support plan and were able to include family members. People's care was reviewed with them to ensure they were happy with how they were supported and that it reflected any changing need.

People had opportunities to spend time together and be involved in individual or group activities. Family and friends were welcome to the home and people were able to visit and see people in private.

People were treated politely by kind and considerate staff who knew them well and ensured that they were supported to maintain their dignity and respected their right to privacy. People were consulted about the quality of the service and felt that staff listened to their views. People knew how to raise any concerns and were confident these would be addressed. The quality of the service was assessed and reviewed to ensure people remained safe and areas for improvement could be identified.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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.

People's risks were assessed but action was not always taken to ensure people had the most suitable equipment to prevent further harm. People were cared for by staff who understood what constituted abuse and knew what action to take. There were sufficient numbers of suitably recruited staff to meet people's needs. People received their prescribed medicines at the correct time to keep them well.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Applications to place restrictions on people's liberty had been completed although people may have capacity to make their own decisions. People were provided with a varied and nutritious diet although people who needed a blended diet did not have their food presented to be able to distinguish different textures and tastes. Staff were supported to gain the skills and knowledge they required to care for people effectively. Staff monitored people's health and involved other health care professionals to ensure their needs were met.

Requires Improvement ●

Is the service caring?

The service was caring.

People received kind and compassionate care from staff who knew them well. People were supported to maintain their privacy and their dignity was promoted. People maintained relationships which were important to them as visitors were encouraged to visit whenever they wanted to.

Good ●

Is the service responsive?

The service was responsive.

People's care was planned and reviewed to ensure it met their needs and preferences. People were able to participate in activities in the home which were based around what people like

Good ●

to do. There was a complaints process in place and people knew how to raise any concern and were confident this would be addressed.

Is the service well-led?

Good ●

The service was well led.

People were given opportunities to share their views on the care and support available in the home and felt their views would be listened to. There were systems in place to monitor the quality and safety of the service including reviewing how many accidents had occurred. Staff felt supported by the deputy manager and the registered person was available in the home for people and staff to speak with.

Wallfield House Care Home

Detailed findings

Background to this inspection

We carried out this inspection visit 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 visit took place on 1 August 2016 and was unannounced. The inspection was undertaken by one inspector.

On this occasion we did not ask the provider to send us a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with five people who used the service, one relative, five members of the care staff, two visiting health care professionals and the registered person. We also spoke with commissioners of the service to gain their views. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care records for three people to see if they accurately reflected the care people received. We also looked at records relating to the management of the home including quality checks.

Is the service safe?

Our findings

Where people were at risk of avoidable harm associated with their care, we saw this had been assessed. There were assessments in place to identify what support people needed to move around safely and when they were in bed. Some measures had been put in place to manage these risks, for example, one person was at risk of falling from their bed and the provider had arranged for safety mats to be placed by the bed to reduce the risk of harm. A sensor mat alerted staff if the person fell so immediate attention could be provided. However, we saw the person had experienced a number of falls which had resulted in injuries and the provider told us, "They need a profile bed so it can be lowered down to the floor so they don't hurt themselves if they fall out." Although it had been identified that this would reduce the risk of further harm, this had not been purchased by the provider; the provider had tried to obtain funding for the bed but this was not available. The provider had instructed staff to place a chair at the side of the bed to reduce the risk of falls and they told us, "I think this works well." The risk assessment did not include using any furniture to reduce the risk of falls and this restriction had not been assessed as being safe and suitable to use. The mattress did not fit the bed correctly and the wooden base was wider than the mattress. This meant when they fell, there was an increased chance of skin tears and injuries from the bed base. We expressed our concerns and informed the provider we would raise this as a safeguarding concern to reduce the risk of potential further significant harm for the person. Following our inspection, the provider told us that they purchased a bed with bed rails to reduce the risk of falls.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe. One person said, "I had respite care here as I had falls at home. I used to worry at night after the carers left and I didn't feel safe, but I do now I'm here." A relative told us, "It's better since they have been here. I know someone's around and can make sure they are safe and they are well looked after." We saw that staff sought support from the falls team and mental health team when they identified an increase in risk. One member of staff told us, "We know when we need more help and don't worry about contacting these teams so they can help us make things better."

Staff explained the different forms of abuse where people might be at risk of harm and the actions they would take. One member of staff told us, "There's a copy of the safeguarding policy on the table when you come in. I'd speak to the deputy if I was worried about anything but I know where to go to get all the details if I need to."

There was enough staff to support people and one person told us, "The staff are here all the time. It's only a small home, which is what I like about it here. I have a bell if I need them and they will come but they are never far away." We saw that staff were available to sit and talk with people in the lounge throughout the day and were available to provide care where this was requested.

People received their prescribed medicines at the right time and in the correct way. One person told us, "I like the staff looking after my medicines for me as I don't have to worry anymore." We saw that staff sat next

to people and explained what medicine they wanted them to take and why. The staff were patient and only recorded medicines after people had taken them. Staff had received training in the safe administration of medicines and we saw they had checks in place to ensure the medicines were recorded and stored correctly. One member of staff told us, "We don't give any medication unless we have had the training and the deputy checks we know we can do it properly."

Recruitment procedures were in place to ensure new staff were safe to work with people who used the service. One member of staff who had recently started working told us they had to wait for their police checks and references to be completed before they could start working at the service and we saw records confirmed these had been obtained prior to new staff working with people.

People had been assessed to identify what support they would need to leave the building in an emergency. There were personalised emergency evacuations and these were located by the front door in case of any emergency. One member of staff told us, "If we ever needed them, they are there and we know which people need support to leave the building if needed." Checks were carried out on the fire equipment in the home and staff knew how to respond to emergencies.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We saw two applications had been made for people to deprive them of their liberty although staff told us these people had capacity and could make decisions for themselves. One member of staff told us, "We were asked to complete one but I think that they have capacity." A capacity assessment had not been completed to demonstrate the person no longer had capacity. The staff had received training for MCA and DoLS but had not understood how to implement this to ensure that people were not unlawfully deprived of their liberty.

People were offered choices and staff gained their consent before providing care, for example where they would like to sit or how they wanted to spend their time. The staff told us that people who used the service had capacity to make decisions. One member of staff told us, "People have their own way sometimes of letting us know what they want. Sometimes it takes time for an answer or sometimes it's about asking people at certain times of the day what they want. We want people to make decisions for themselves for as long as they can and they do."

Where people needed support to maintain their weight or had a specialist diet, support was sought from the dietetic team. The staff explained why people needed fortified drinks and meals and one member of staff told us, "We have to put things like butter and cream in their food. If we get any advice, we always follow this. People have specialist drinks to help with maintaining their weight too." We saw some people needed to have their food liquidised or mashed to make it easier for them to swallow. Where people needed a soft diet we saw the food was blended together and not separately so people may not be able to continue to enjoy the different flavours of food. One member of staff told us, "That's the way we've always done this."

People could choose what to eat and drink and where to sit at each meal time or chose to eat in their bedroom. The tables were pleasantly presented and there was a choice of different condiments. People spoke with each other throughout the meal and discussed daily events. A range of drinks were offered during the meal and people could choose to have a glass of wine or a alcoholic spirit drink with their meal. One person told us, "I like to have a drink; it makes all the difference to me." We saw that people were provided with food that looked and smelt appetising and were offered more food if they wanted this. People spoke positively about the meals served and one person told us, "The cook is wonderful and we're very lucky to have such nice food."

People were supported by healthcare professionals whenever they needed additional care. The GP visited

people once a month and one member of staff told us, "This often cuts down on unnecessary GP visits." We spoke with the GP who told us the staff contacted them when people needed support and sought their guidance and advice. They told us, "The staff are very good at letting us know what is happening and always let us know when people are ill or they are concerned." One person told us, "The doctor, dentist and optician all come here. It's fabulous that they come here and sort everything out." Where people needed checks to monitor their hearing, these were carried out and one person told us, "I wear hearing aids and I've always got a stock of batteries and the staff help me to change them so I can always hear."

The district nursing team visited people where health care was required. We spoke with one health care professional who told us, "This home is a comforting place with good carers." The staff worked closely with the nursing team and informed them of any concerns or where they needed advice. One member of staff told us, "The team are very good and we call if we are unsure of anything. We work well together." Where nursing care was provided, the care records included any updates to ensure people continued to receive the support they needed. Where people had any injury, we saw medical attention was sought and people were supported to receive hospital care. One relative told us, "If anything happens at all, we always know about it. Communication is very good and we are not left out, which is good."

People were confident that staff had the skills to support them and were given opportunities to learn new skills and update their knowledge. Staff told us they were happy with how they received their training and one member of staff told us, "You have to question what you are doing, and the training helps us to do this." Another member of staff told us, "The last training I did was moving and handling. We are not expected to do something we haven't learnt about." We saw where people were supported to move with equipment, this was done according to their agreed care plan and staff understood how to support people.

New staff were supported through an induction and worked alongside experienced staff. One member of staff told us, "I had lots of support and help when I started here. I've enrolled to do the care certificate. After any training I meet with my supervisor to make sure I have understood and I'm competent and doing things right." The care certificate is a national training programme which sets out the learning, competencies and standards of care that staff should meet to ensure they provide, safe, effective, compassionate which is responsive to people's needs. There were arrangements in place to discuss staff's wellbeing, performance and their personal development during supervision sessions. One member of staff said, "When we meet, we can talk about what we are doing well and if we need any help. The deputy is always around though and supportive so I can talk to them at any time."

Is the service caring?

Our findings

People were complimentary about the care and liked living in the home. One person told us, "It's a homely place here. The staff are lovely." Another person said, "I'm delighted I chose to come here. I looked around different places but this was the best. I've been really happy here and we are looked after very well." A relative told us, "[Person who used the service] and the family are happy with the care here. There's nothing the staff wouldn't do. We are pleased with how everything is."

Staff were kind and considerate and we saw when speaking with people they knew them well and understood when people needed more time to express themselves. Staff sat close to people and where appropriate, held their hand to provide comfort and reassurance. On one occasion a member of staff supported a person to talk about what was important to them and what they wanted to do that day. The person responded and the staff understood and arranged for them to go out. The member of staff talked with us about how the person communicated and said, "There are a lot of repetitions and we know this is not always meaningful. We ask them what they want and they stop talking and give a clear response. We know it's not always the first words they speak."

People's dignity was promoted when people provided support and care. Where people requested support with personal care, we saw staff spoke discreetly with people and responded to their requests promptly. When people were visited by health care professionals people were supported to receive treatment in private in their bedroom and the door was closed. A health care professional told us, "The staff here are very good at ensuring people's dignity." We saw that personal care was delivered behind closed doors. People were supported to maintain their dignity as they were offered drinks in cups and saucers and in glasses. One person told us, "I like my cup and saucer but I also like my glass of wine." One member of staff told us, "People don't want plastic. It's so much better if people want a cup and saucer and it's more dignified."

People were able to choose how to dress and were supported to maintain their appearance. People carried personal belongings with them in their handbag and when using any mobility equipment, the staff offered to carry any personal possessions so they could be kept near to them.

People were encouraged to be independent. One person told us, "It takes me a long time to walk around but the staff don't mind. I have to keep on moving and they don't interfere." People chose how they spent their time and whether to spend time together in the lounge or have private time in their bedroom. One person said, "I like to go out with my family when I can. I'm not too bothered about going out much and sit and talk to people here and to the staff." We heard staff speak with people about their family and topics of interest. Staff talked about family and previous life experiences and people and staff joined in contributing their own stories and discussing events.

People maintained important relationships with their friends and families. One relative told us, "I am welcomed here at any time and the staff are just as nice to me as they are with [Person who used the service]. The staff always make us a drink when we sit together which is nice."

Is the service responsive?

Our findings

People could choose how to spend their time and what to be involved with. One person visited a local garden centre and people were involved in general knowledge quizzes. They told us, "It was nice going out today and seeing a bit of the outside world." One person talked about the quiz and said, "I'm not always very good at these but it keeps the mind going." We saw people discussing the possible answers and congratulating each other for correct answers. We saw staff spent time with one person asking general knowledge questions. We saw they understood the person needed time to think about a response and didn't rush them. They talked about the answers to explore more facts and used this to generate further conversations. For example, one of the questions asked about food preferences and they spoke about what they liked to eat and how people's general diet had changed. One person told us, "I prefer to spend a lot of my time in my bedroom. I'm happy here, I have my visitors and the staff check that I'm okay. I've got nothing to complain about and they sometimes have entertainment which I join in with. The staff often ask me if I want to go out for a walk too but it's up to me."

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. People told us they had looked around the home prior to making a decision to move there. One person told us, "I made the choice, the decision to come here. I looked around. I had a good feeling and feel more secure here and I like the fact that I don't have to cook and clean anymore." Another person told us, "I've always known about this home as I'm local to the area. It meant a lot to me that I could stay near to my family." Individual support plans included information about how people wanted to be supported and their likes and dislikes. People had shared information about important past events, it was clear staff knew people well. The staff knew what was important to people and we heard them speaking about significant events, their hobbies and important people. One person told us, "I enjoy talking with staff and what we used to do. They've always got time to listen and are always interested in what I have to say."

The staff had access to people's care records and when care or support needs changed it was discussed at each handover to ensure people continued to receive the correct care. One member of staff told us, "We have handovers multiple times in the day and are forever talking to each other about any changes. We are such a small team that we just meet up with each other all the time and we work together with everyone." Another member of staff told us, "We have good communication here and write everything down so we all know what's going on or changed."

People and family members were involved with any review of care. There were reviews of people's care and significant events during each month were recorded and changes highlighted. One relative told us, "I'm still involved with what happens and the care here. [Person who used the service] wants it that way and the staff respect that and will always call if anything has happened that I need to know about."

People could raise any concern with the staff if they were worried about anything. One person said, "The deputy is so lovely. I'd tell her or the staff if something was bothering me." The provider's complaints procedure was on display. We saw where people had raised concerns there were arrangements in place to resolve these and people were informed of any outcome.

Is the service well-led?

Our findings

People who used the service and their relatives had an opportunity to share their views on the service. Residents meetings were carried out for people to talk about what was important to them. One person told us, "We do have meetings and talk about different ideas. They asked us about what we wanted to eat last time. Not everyone comes to them, but that's up to them isn't it." A member of staff told us, "We invite people to the meetings and try and focus on different topics. The last meeting we asked people what they wanted on the menu and what they liked. Before that we focused on activities and what people like to do."

People had recently been consulted about the quality of the service through quality surveys. We saw completed surveys and a member of staff told us, "We have only just received these this month and will analyse the results when we have them all in. This is the first time we have done these surveys and asked people for their views." We will review the results on our next inspection visit.

The registered person had arrangements in place to monitor the quality of the care that was provided and to identify improvements. We saw this included reviewing care records, health and safety audits and checking the safety of equipment including hoists and personal slings.

Staff we spoke with knew about the whistle blowing procedure and were confident about reporting any concerns or poor practice. One member of staff told us, "If I saw anything at work then I'd say something." Another member of staff told us, "It isn't easy having to make a report like that but we have to think of the people here. I know I can also just ring you or the safeguarding team too."

The staff were supported to develop their skills and knowledge. They received supervision to review how they worked and this also identified their skills and where they needed support. The staff team were complimentary about the daily management arrangements and told us the deputy manager made them feel supported and valued.

People were happy with management arrangements at the home and told us the provider and deputy were available in the home. One person told us, "The deputy is fabulous and so are all the staff. If you need something sorting then you can just speak to them. I have every confidence they know what they are doing and support the staff." People told us they knew who the registered person was and one person told us, "The owner lives here too so they are always here if the staff need them for anything."

We saw accidents and incidents had been recorded and analysed to identify any trends. Referrals were made to health professionals including the falls team and mental health services so that specialist advice was sought to reduce the risk of further accidents and incidents from occurring again.

The registered person had submitted statutory notifications to us so that we were able to monitor the service people received.

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 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 (1)(2)(a)(b)(e) Care and treatment was not provided in a safe way for all people who used the service.