

Croftwood Care UK Limited

Wealstone 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?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Wealstone is a residential care home providing personal and nursing care to 38 people at the time of the inspection. The service can support up to 42 people across two separate wings, each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia.

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

Since the last inspection we found the necessary improvements had been made to the cleanliness of the service however we did identify issues regarding the safe management of medicines.

Aspects of record keeping remained insufficient and had not improved since the last inspection. although care plans were detailed and person-centred, records relating to some medicines and personal care were incomplete and there was a lack of effective systems in place to identify and drive improvements in this area.

There was a lack of activities on offer across the service and people consistently told us they were "bored" and there was "nothing to do". There was also a lack of accessible information available. Whilst the registered manager began to address this during the inspection, significant improvements were required to ensure people received personalised care. Despite this, we did find staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. We observed staff seek people's consent before delivering care and decisions were only made in a person's best interest where they were unable to make a decision for themselves.

Staff were recruited safely however we received some feedback from people about the staffing levels. Although we found consistent staffing levels in place, we have made a recommendation around staff deployment, so staff are available at the right place at key times of the day.

Although care plans were person centred and detailed people's personal histories and preferences, we could not always see how people had been involved in developing their own care plan. We have made a recommendation regarding recording this involvement.

People spoke positively about the food available at the service and the care and kitchen staff were aware of and able to support people with any dietary needs.

The registered manager ensured people had access to appropriate healthcare services.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 13 February 2019) and there were two

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 enough improvement had not been made and the provider was still in breach of regulations.

This service has been rated requires improvement for the last two consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to providing personalised care, safe management of medication and ensuring adequate systems were in place to monitor the safety and quality of care provided at this inspection.

Please see the action we have told the provider to take at the end of this report.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Wealstone 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 Care Act 2014.

Inspection team

This 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

Wealstone 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, six family members/friends and a district nurse about their experience of the care provided. We spoke with eleven members of staff including the regional manager, registered manager, a volunteer, senior care workers, care workers, activity workers, domestic staff and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. 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.

Preventing and controlling infection; Using medicines safely

At our last inspection the provider had failed to provide a clean and hygienic environment to control the spread of infection. 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 in relation to providing a clean and hygienic environment, however we found failures relating to the safe management of medicines and the provider was still in breach of regulation 12.

- An external audit of medicines management had recently been completed at the service which identified a number of issues including a lack of guidance for staff to follow where people required medicines on an 'as required basis'. The audit also identified prescribed creams were not being recorded appropriately. During our inspection, we found there remained multiple gaps in the recording of the administration of prescribed creams. This meant we couldn't be sure people were receiving all their prescribed medicines.
- We also found one occasion when a person had not been offered their medicine and there was no reason given on the medication administration record. This was raised with senior staff. On the third day of inspection it was reported the person had been asleep, so the medicine wasn't offered. There was no evidence this information had been communicated at the time the medicine was due and therefore other staff weren't aware this medicine had been missed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the safe administration of medicines was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The building was visibly clean, and the issues raised at the last inspection had been addressed. The provider had recruited additional domestic staff and introduced a system to ensure all parts of the home were thoroughly cleaned on a regular basis. This was being monitored through routine audits and 'spot checks' by the management team. People living at the service confirmed this was the case. We were told, "The cleaning is very good" and, "They come and do a deep clean about once a fortnight. They sweep up and mop every day."
- During the inspection we did identify one area of the home which had a strong malodour. This was discussed with the registered manager who identified a chair needed to be replaced and this was promptly disposed of. The registered manager also explained there was a planned programme of improvements which included the replacement of carpets with vinyl flooring which would ensure the cleanliness could be maintained.

- Medicines were stored safely. Medication was administered by staff who were trained to do so.

Staffing and recruitment

- Staff were safely recruited, and all necessary checks were completed before starting work at Wealstone. There was some use of agency carers, however people told us, "We recognise all the staff. It's the same agency staff usually." The registered manager explained recruitment was underway to increase night time staffing levels.
- We observed call bells responded to in a timely manner and one person told us, "[Staff are] usually around pretty quickly when I ring my call bell."
- Nearly every resident and family member we spoke with felt the service was understaffed. We were told, "The staff are very pleasant but there probably aren't enough of them," and, "I get bored. There's not enough staff." We reviewed rotas and found a consistent level of staff, however, we received consistent feedback about the lack of interaction with residents, a lack of activities on offer and the lack of choice concerning bathing available. This has been reported in more detail further on in this report.

We recommend the provider considers current guidance to review how staff members are deployed across the home to ensure people's individual needs and preferences in care are met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Wealstone. One person said, "It's safe here and [staff] know what they're doing with moving me and all that."
- Staff had completed safeguarding training and were aware of how to raise concerns. Referrals had been made appropriately to the local safeguarding team.
- A whistleblowing policy was in place and staff were aware of the procedures to follow.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and measures were in place to reduce identified risk. This information was clearly recorded within people's care files. Staff confirmed they had access to key policies and procedures.
- Regular safety checks were made on the building, utilities and equipment.

Learning lessons when things go wrong

- A system was in place to record accidents and incidents. Records demonstrated any actions taken in response to individual incidents.
- Accidents and incidents were reviewed regularly by the registered manager to look for any trends and identify whether future incidents could be prevented.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Consideration had been given throughout the Wealstone to assist people living with dementia to find their way around through appropriate signage. There were smaller seating areas which enabled people to spend time away from a larger group if they chose. We did receive some feedback from people living on the residential unit they had lost a lounge area following some refurbishment to the dementia unit, Bluebells. We fed this back to the registered manager who told us of further planned refurbishment to both bedrooms and the communal areas of the home.
- People had the equipment they needed to be supported effectively.
- People were encouraged to personalise their rooms with photographs and small personal items.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to moving into Wealstone and care plans had been developed based on these assessments, as well as assessments provided by other health and social care professionals.

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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed staff asking people for consent before they delivered care and staff were able to describe the importance of why they did this.
- Where a person was unable to consent to their care, the registered manager had ensured their capacity had been assessed. Where needed, authorisation under the DoLS process had been sought and we saw conditions were being met.
- We did identify a small number of people who had capacity assessments in place, however the reason for

care being delivered in a person's best interests wasn't always clear. We raised this with the registered manager who told us she would address this straightaway.

Staff support: induction, training, skills and experience

- Staff received the training they needed to do their job and received an induction when they started working at Wealstone.
- Staff felt well supported. They had received regular supervisions and appraisals and told us they felt able to raise any issues they had with the registered manager.

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

- People's nutritional and hydration needs had been assessed and were being met. Staff were aware of people's needs and preferences in relation to meals and drinks and this was reflected within care plans.
- People spoke positively about the food on offer and the support they received. One person told us, "We've got a chef on here who looks after me like a mother! She's always making sure I've got food". Another person told us, "When my son comes he says, 'It's like a hotel in here', that looks beautiful."
- We observed staff supporting people to eat and drink throughout the inspection and there were facilities for people and family members to help themselves to drinks throughout the day.

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

- People confirmed they had access to healthcare services and support and care records showed that referrals were made to health professionals in a timely way when specialist advice was required. Advice provided by these professionals was incorporated within people's care plans.
- Staff worked closely with a number of agencies to ensure people's needs were being met, including GP's, and community health teams. One visiting professional told us, "Staff will ring with any problems and follow instruction if needed."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Supporting people to express their views and be involved in making decisions about their care

- None of the people we spoke with said they had been involved in the development of care plans. One person told us, "I don't know anything about a care plan." We raised this with the registered manager who told us they ask questions of people during their initial assessment and used this information to develop care plans. We also saw records in care files where relatives had completed documentation which demonstrated there had been some involvement.

We recommend the provider considers current guidance and reviews their current care planning system to ensure the involvement of people is clearly documented.

- Everyone we spoke with confirmed they were able to make day to day decisions about when they got up and went to bed, however, some people felt unable to make decisions regarding how often they chose to bathe. For more information see the responsive key question.

Ensuring people are well treated and supported; respecting equality and diversity

- Overall, we observed interactions between staff and people living at Wealstone which demonstrated staff were respectful to people and knew them well. One person told us, "The staff are very nice, if you want anything you just ask. They're all pretty good." Another person told us, "We have good giggly times in here with the staff." A family member added, "The staff seem to have empathy; they understand [name] well."
- Other feedback was mixed and less positive. This was particularly apparent from family members of people living in the Bluebell unit which accommodates people living with dementia. Family members told us, "They are not bright and jolly but they get on with their jobs and are pleasant," and, "There is a lack of stimulation and interaction." Another family member told us, "Staff seem to have a lack of interest in the residents."
- One relative told us the staff had demonstrated a caring approach when recognising special events and told us, "They did a lovely birthday buffet for [name] and everyone was invited." People told us they felt staff would listen to them, act if they were able to and they felt comfortable talking to staff about any issues they had.
- People's diverse needs were known and documented in care plans, including any characteristics under the Equality Act 2010.

Respecting and promoting people's privacy, dignity and independence

- We observed people being treated with dignity throughout our inspection and people told us they were

treated with dignity and respect.

- Care plans described where people required support people were encouraged to be as independent as possible one person told us, "[Staff] helped to encourage me to walk again."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection we recommended that staff are made aware of the need to provide more personalised and detailed accounts of people's progress in daily records. The provider had not made improvements.

- Some daily care records were completed in sufficient detail, however other records such as those relating to bathing and the administration of prescribed creams were insufficient. We had received feedback from people living at the service and relatives about the frequency of bathing. The registered manager was unable to provide assurance people were able to receive personalised care that met their needs and preferences due to poor record keeping.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate accurate, complete and detailed records were maintained in respect of each person using the service. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Although a breach was identified, we did find that care plans were developed in a timely manner following new admissions to the home. They were clear, easy to follow and reviewed on a regular basis in response to changes in need.

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

- Overwhelmingly, we received feedback there was a lack of activities available to people. We were told, "Now and again there's been craft, but it's just a big nothing" and, "I get bored, I get bored to tears." Another person said, "We used to have a little sing-song, we don't have anything like that anymore." We did hear about one recent visit from a local charity who came in to complete craft activities with people. One person told us, "They came all day and that was lovely."
- People living in the residential unit told us the television was on all the time, and it was too loud to do anything else. One person told us, "You can't have the telly off in the lounge." We also observed this to be the case on one occasion as the staff member was unable to locate the remote control.
- Family members confirmed the lack of social activities available. One told us, "There's no one to do it. The girl who used to do it has left. Years ago it was excellent; quizzes, bingo, baking." Another relative told us, "Mum has been sat in a dining chair doing nothing from 4.30pm until I have arrived at 7pm."
- No records were being completed to record the activities people were offered or had participated in, and

there were no recent information around the service to indicate activities had taken place. We discussed our concerns with the registered manager who accepted there had been a lack of focus on this area and would put plans in place to make improvements.

- On the final day of inspection, we did observe both activity workers providing small group activities in the communal areas, however, when we spoke to one of the activity coordinators, they had limited understanding of their budget and what they could provide for people.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to enable people to follow interests and to take part in activities that are socially and culturally relevant to them. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

At our last inspection we recommended that the registered provider reviews the information it provides to people to ensure that it meets their communication needs. The provider had not made improvements.

- On the first day of inspection we found the activity board had not been completed and there was no board available at all on the unit accommodating people living with dementia. Also, on this unit, there was no information available about the meals on offer to people. This meant people were unable to make choices about how spent their time or what to eat. We raised our concerns with the registered manager, however, when we returned on the second day, the activity board had still not been completed and the menu was still not available to people. The activity board started to be completed during the second day of inspection.
- One the final day of inspection, we observed boards had now been put up and completed on the unit accommodating people living with dementia. This was to address the shortfalls highlighted regarding making information available about activities and meals on offer. These were handwritten, and no consideration had been given to alternative formats to meet the needs of people living with dementia.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to make sure people are given information in a way they can understand. This placed people at risk of harm. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We did find care plans contained detailed information about the communication needs of people. This includes approaches to be taken by staff where a person lived with hearing loss and in another example, one person with sight loss had appropriate adaptations to ensure they could maintain their independence to manage their own medication.

Improving care quality in response to complaints or concerns

- A complaints policy was in place and information on how to make a complaint was clearly visible.
- People confirmed they knew how to raise a complaint and felt confident to talk to staff if they were unhappy with something. One person told us, "[The registered manager] says if something's not right, complain."

End of life care and support

- Staff were responsive to the needs of people receiving care at the end of their life. Key wishes of people were recorded in care plans including when they didn't wish for resuscitation in a medical emergency.

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 requires improvement. At this inspection this key question has remained the same. 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; 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; Continuous learning and improving care

At our last inspection the registered provider did not have effective systems in place to effectively monitor the quality of the support provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- The provider had developed an action plan from the previous inspection and had worked closely with the wider management team to address the cleanliness of the service. However, although audits were also being completed in other areas, the existing systems in place failed to identify the issues we identified within this report.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate how the provider effectively monitors the quality of the support provided, including the quality of the experience for people using the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- During the inspection, we did find the registered manager to be open, honest and committed to respond to our concerns.
- The registered manager also understood their responsibility for notifying the Care Quality Commission of events that occurred within the service and we saw that accurate records were maintained.
- The most recent CQC rating was clearly displayed in the reception area.

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

- Whilst the health needs of people were being met, we found improvements were needed to ensure a person-centred culture was fully embedded in the home. Although care plans were clear and contained information about people's personal interests and hobbies, people did not always experience good

outcomes as this information had not been utilised to develop a programme of meaningful activities for people to engage in.

- Staff members spoke positively about the registered manager and felt they were approachable and supportive. In general, this view was also shared by people living in the home and visiting family members/friends. One described the service as, "Very well run."

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

- Team meetings were in place for staff; and people living at the service and their family members were asked for feedback about the service through surveys and resident meetings. Views about whether these systems resulted in positive change for people was mixed. One person told us "At meetings they ask you what needs changing etc. They're very good," whilst another told us, "I've answered the survey, but I doubt anything will change." We looked at recent meeting records and saw they took place on a regular basis. We noted however that an activity board was requested for the unit accommodating people living with dementia in July 2019 and this was only put in place during our inspection.

- The registered manager worked with external professionals to ensure health outcomes were achieved for people.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Systems were either not in place or robust enough to enable people to follow interests and to take part in activities that are socially and culturally relevant to them.</p> <p>Systems were either not in place or robust enough to make sure people are given information in a way they can understand.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Systems were either not in place or robust enough to demonstrate the safe administration of medicines was effectively managed.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems were either not in place or robust enough to demonstrate accurate, complete and detailed records were maintained in respect of each person using the service.</p> <p>Systems were either not in place or robust enough to demonstrate how the provider effectively monitors the quality of the support provided, including the quality of the experience for people using the service.</p>

