Bupa Care Homes (AKW) Limited

Wingham Court Care Centre

Inspection report

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Ratings

Overall rating for this service	**Requires improvement**
Is the service safe?	**Requires improvement**
Is the service effective?	**Requires improvement**
Is the service well-led?	**Requires improvement**

Overall summary

We carried out an unannounced comprehensive inspection of this service on 25 November 2014 and 10 February 2015. Breaches of legal requirements were found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to consent to care and treatment, the support of staff, the deployment of staff, cleanliness and infection control and the quality monitoring of the service.

We undertook this focused inspection on 20 April 2015 to check that the provider had followed their plan and to confirm they have now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wingham Court Care Centre on our website at www.cqc.org.uk.

There were enough staff deployed through the service to safely meet people's needs. People said they received care in a timely way and we saw this on the day. Staff were not rushed and were able to spend time with people and get involved in activities more than before.

The service was now clean and there was a reduced risk of infection spreading. Staff had a better knowledge of infection control measures which included hand washing and removal of clinical waste. People and relatives said the service was cleaner.

Summary of findings

Staff were not up to date with all of the service mandatory training but there was an action plan in place to address this. The gaps included fire safety training and health and safety. All other areas were up to date which included infection control and safeguarding people. This meant that staff were provided with the most up to date guidance in relation to their role.

Group supervisions had taken place with staff as well as one to one supervisions. There was a schedule of ones to ones due to take place with all staff with their manager. Staff said they felt supported in their role by the management team and could go to them whenever they needed.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff did not have the correct knowledge of the Mental Capacity Act 2005 and mental capacity assessments had not taken place for all people where needed. The regional manager said they knew this was a concern and were addressing this as soon as practicable.

People and staff felt the service was well managed. Audits that took place were effective and improvements had been made as a result of the audits. For example, in relation to cleanliness and the environment.

We found one 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.

Summary of findings

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 safe.

We found sufficient action had been taken to improve the safety of people living at the service.

There were now sufficient numbers of qualified and skilled staff at the service to keep people safe.

Areas of the service had been cleaned and there were adequate systems in place to help prevent the spread of infections.

Requires improvement

Is the service effective?
The service was not always effective

People's rights were not always protected and staff did not have a good understanding of the Mental Capacity Act 2005 or Deprivation of Liberty safeguards.

Most staff training was up to date and any gaps were being addressed. Staff were now having more regular supervisions. Staff felt supported by the management team.

Requires improvement

Is the service well-led?
The service was well-led.

There were appropriate systems in place that monitored the safety and quality of the service.

People, relatives and staff felt there was a stable management structure at the service.

Requires improvement

Wingham Court Care Centre

Detailed findings

Background to this inspection

We undertook an unannounced focused inspection of Wingham Court Care Centre on 20 April 2015. This inspection was carried out to check that improvements to meet legal requirements planned by the provider after our 25 November 2014 and 10 February 2015 inspection had been made. The team inspected the service against three of the five questions we ask about services: is the service safe, is the service effective and is the service well-led. This was because the provider was not meeting some legal requirements.

Before the inspection we reviewed the provider's action plan which they had supplied to tell us how they were meeting or intended to meet, their legal requirements.

The inspection was undertaken by three inspectors. During our inspection we spoke with twelve people, one relative and eleven members of staff. We spoke with the interim and new manager and members of the senior management team. We looked at records which included the mental capacity act policy, staff training records and audits around the service improvement. We observed care being provided throughout the day, which included when activities were taking place.

Requires improvement

Is the service safe?

Our findings

At our previous inspection the service was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Multiple areas of the service were not clean including the living areas and the smoking room. People's bathrooms were not in a good state of repair which meant keeping them clean was a problem. Other areas of the service such as people's bedrooms and the kitchen areas were not clean and posed a risk to infection control. Staff were unable to demonstrate good infection control processes.

We found during this inspection there had been sufficient improvements to the cleanliness and infection control at the service.

People said the cleanliness of the service was better. One said, "They (staff) seem to spend a lot more time cleaning the bathrooms." Another told us that staff supported them to clean and tidy their room.

There was a clean and suitable environment for people to smoke if they wished to. The smoking room which was previously in a poor state of decoration and had not been cleaned was now improved. The walls had been painted and the flooring cleaned. New furniture had been brought in to provide seating areas for people along with additional ashtrays for people to use. The room was well ventilated.

More effective cleaning was now taking place. The sink units in people's bathrooms had been painted which meant that the areas were easier to clean. People's showers and toilets were stain free and where there had been rusted handrails these had been removed or replaced if they were still needed. We showed the new manager and the regional manager areas that could still be improved in the kitchens and in some people's bedrooms. This included wiping of surfaces and clearing cobwebs. Before we left the service staff had been asked to clean these areas. This reduced the risk of the spread of infections.

People were better protected from the risks of infection because of the improved practices. A new 'Head of Housekeeping' had been recruited to the service. We were told by the new manager that this role was to supervise and work alongside all staff to ensure the service was kept clean and to reduce the risk of infections. An infection control 'champion' had also been identified to assist with the training and support of staff to keep the service clean.

Staff had all received updated infection control training. Staff said they found this training useful and it reminded them of the importance of good hand washing and infection control procedures. Staff said the cleanliness and tidiness of the service had improved. One said, "The cleanliness is better. Areas have been painted and staff are constantly being reminded of good infection control practices like taking yellow bags (for clinical waste) out immediately, rather than leaving them."

At the previous inspection the service was in breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Due to the shortage of staff people were not always receiving their medicines at the prescribed time and people's call bells were not being answered quickly enough. One person had been left in uncomfortable positions for a long period of time before staff provided assistance.

People and relatives felt there were increased numbers of staff since the last inspection. One relative said their family member was now being assisted to get up in a more timely way. They said, "I am happy, the carers are very good." They also said they liked the fact that staff were not moved around the floors as much. Another relative said, "I would feel pretty confident that (my family member) is being looked after, I see signs of improvement." One person told us that they noticed people weren't being left in bed as long. They said, "Carers are trying, its improving, it's better than it was." Another person said, "The staff are very good, they are the best thing." One person said that they felt well supported by staff. People said there were still a lot of agency staff being used and were looking forward to when this would not be needed as much.

Staff said more activities for people were taking place because of the way the staff were now deployed around the service. They said there were more group activities taking place for example, a new pool table had been introduced. Staff said people who didn't want to join in on activities got one to one interaction in their rooms. We saw one member of staff doing a quiz with people in one lounge area and another member of staff was seen playing pool with people. We saw a one to one art session taking place in one person's room and another activity taking place in the larger lounge where most people were involved. For those that were not participating they were happy to sit and watch.

Requires improvement

Is the service safe?

One staff member said that if they were short of staff one day then agency staff were called in but they said that this did not happen often. Staff said that on the whole staffing levels were being maintained. They said the new arrangements of staff working in dedicated units worked much better for them. Staff said the impact of this was that people got the care they wanted. Staff were deployed around the unit's so that people were supported as needed and in a timely way. People were not seen to be waiting for staff and when people called out staff assisted them immediately. People in their rooms were also being supported when they needed.

Requires improvement

Is the service effective?

Our findings

On the previous inspection we found that some people had not had mental capacity assessments for some aspects of their care. We also found that safeguards had not been put in place where people's liberties were being restricted. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. Staff were informed about their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS). However we found that staff did not have a good understanding of what they should do if someone, who lacks capacity, required medical treatment outside of the service. This meant there was a risk of someone (who lacked capacity) receiving treatment that was not in their best interest. The new manager told us that training in MCA and DoLS was going to be provided to staff as soon as practicable.

We read some people's capacity had been assessed however these were generalised around consent to care and treatment and not specific to the decision that needed to be made. There were no separate mental capacity assessments around people's finances and whether people had the capacity around whether they could leave the locked units. There was a service MCA policy which detailed when an assessment needed to take place but staff were not adhering to this policy.

The regional manager of the service said, "We know we don't meet the requirements in relation to MCA." All of the senior management team at the service knew that new mental capacity assessments had to be completed for people and that this was going to be addressed. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 11of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our previous inspection the service was in breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not kept up to date with the required training. This included fire safety, safeguarding, health and safety, moving and handling and use of bedside rails. This meant staff would not be aware of the most up to date guidance in relation to the care being provided to people. Staff were not receiving one to one supervisions with their manager or annual appraisals.

We found on this inspection that some of these areas had been addressed for example all staff had now had updated safeguarding training and moving and handling training for those where the training had expired. However there were still gaps where training had expired. Where the gaps had been identified individual training plans were being developed but we were not provided with evidence of when the training was taking place for people. 81 members of staff had not had up to date fire safety training and 64 members of staff had not received health and safety training. There was a risk that staff did not have the most appropriate and up to date guidance. However the provider had put in place an action plan to address these shortfalls urgently.

Since the inspection in November 2014 a new manager had started working at the service. An action plan had been developed for the new manager to address the entire staff one to ones and supervisions. We were told by the new manager that these one to ones would be allocated out to different team leaders and senior nurses. At the time of this inspection group supervisions had taken place for clinical staff and one to ones had taken place for seven staff. Staff said they felt supported by the new management team, "Who listen to staff". One staff member said, "Things are going in the right direction. Huge improvements and self-esteem of staff much better." Another said that, "Management are trying their level best and staff have excelled, there used to be staffing problems, but not now."

Requires improvement

Is the service well-led?

Our findings

At our previous inspection the service was in breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff were not feeling supported by the management team and were demoralised.

Since the inspection in November 2014 a new management team had been set up for the service by the provider. A new manager had been recruited and had started work at the service days before this inspection. In addition a deputy manager and a new clinical services manager had been recruited. This was to ensure stability and support to people and staff at the service. People and relatives felt the management of the service had improved. One relative said, "The main concern has been the lack of management which has meant that things have not been followed up." They said they had now met with the newly appointed manager and was hopeful that these things would now be addressed.

When asked about whether staff felt supported by the new management team one member of staff told us, "Very good, really approachable so for me, there is no problem anymore, it's much better now." Another said, "Nice, she (the new manager) is making improvements." Whilst another said, "(There is) better team work, staff are motivated and can give good quality care." Staff said they felt supported by the new management who "Listen to staff."

People and relatives said they were communicated with more about what was going on at the service. We were provided with resident and relatives minutes that showed discussions were held around the refurbishment of the home, staff recruitment, the recent CQC inspections and discussions around the actions plan to improve the home.

Staff said that communication between staff and management was better. One said, "(The managers) are very approachable, any issues or concerns (you have) I can go to them. We have a handover each morning with all staff and tasks set for the day. The home is running well and the very supportive management are giving staff the courage and support needed." We read regular staff meetings were taking place to discuss the changes within the service.

At the previous inspection the systems in place to assess the quality of the service provided in the home were not effective. People were not protected against key risks around inappropriate or unsafe care and support. This included the cleanliness and overall maintenance of the environment.

We found on this inspection the systems in place to assess the quality of the service provided in the home were now more effective. Regular audits took place at the service and an action plan was updated each time. The audits included infection control, staffing deployment, training, the environment, care records, activities and nutrition. We saw weekly updated action plans that addressed whether the areas of concern were being improved. On the day of the inspection we saw that all of the corridors had been redecorated, the names of the units were being changed with the involvement of people, relatives and staff and new activities had been introduced.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 11 HSCA (RA) Regulations 2014 Need for consent **The registered person did not have suitable systems in place to ensure that consent was gained before care and treatment was given.**