

MACC Care Limited

Wulfrun Rose Nursing 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

This inspection was unannounced and took place on 16 and 17 August 2016. Wulfrun Rose Nursing Home is a newly built home, which opened in February 2016, this was the first inspection of the home.

Wulfrun Rose Nursing Home is registered to provide accommodation with nursing and personal care for up to 67 older people including older people, people with dementia, younger adults, people with sensory impairment and people with physical disabilities. The home caters for people who require, residential, nursing and respite care. On the day of the inspection there were 37 people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found that the administration of medicines were not always recorded in accordance with manufacturer's guidelines. People told us they felt safe and we found they were supported by staff who knew how to protect people from the risk of harm. People were supported by sufficient numbers of staff. Risks to people's safety had been assessed and care and support was delivered in a way that kept people safe from harm. The provider had safe recruitment processes in place to reduce the risk of employing unsuitable staff.

People were asked for their consent before care and support was provided by staff. People's capacity had been assessed and guidance was available for staff when supporting people in making choices and decisions. People were happy with the food and drink provided and there were systems in place to ensure people received adequate nutrition and hydration. People were supported by staff who felt they had received training to equip them to do their job. People had access to healthcare when they required it and people's health needs were monitored by staff and any changes were identified and reported.

Most people told us staff were caring and kind. Staff knew people's personal histories and understood their needs and preferences. People told us they were involved in decisions about their care. People were supported by staff in a way that maintained their dignity, however, people's privacy was not always maintained.

People told us they would like to be involved in more activities and lacked mental stimulation. People and their relatives told us they were involved in their care planning. People knew how to complain if they were unhappy about the care they received and were confident the provider would listen to their concerns and take appropriate action.

Systems in place to monitor the quality of care provided were not always effective in identifying areas of concern or where improvements needed to be made. People, relatives and staff expressed their confidence in the registered manager. People and staff felt able to contribute to the development of the service and the

registered manager demonstrated the skills and knowledge required for their role.

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.

The administration of medicines was not always accurately recorded. People told us they felt safe and were supported by staff who knew how to keep people safe from harm. People did not always have access to staff when they needed them.

Requires Improvement ●

Is the service effective?

The service was effective.

People were supported by staff who receiving training relevant to their role. People were asked for their consent before care and support was provided. People enjoyed the food and had access to healthcare professionals when they needed them.

Good ●

Is the service caring?

The service was not always caring.

People's privacy was not always protected. Staff were aware of people's individual needs and preferences. Most people felt they were supported by staff who were friendly and caring.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

People did not have access to sufficient activities to keep them mentally stimulated. People's changing needs were recognised and staff were kept updated so people received care relevant to their needs. People and their relatives knew who to contact if they were unhappy about any aspect of their care and support.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Systems used to monitor the quality of care provided were not always effective at identifying concerns and driving improvement. People, relatives and staff felt the home was well managed. People had been asked to give feedback on the service they received.

Requires Improvement ●

Wulfrun Rose Nursing 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 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 took place on 16 and 17 August 2016 and was unannounced.

The inspection team included two inspectors, a specialist nurse advisor, whose area of expertise was older people and dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events, like serious injuries. We also contacted the local authority for information they held about the service. This helped us to plan the inspection.

We spoke with ten people who lived at the home, seven relatives, six care staff, the head chef, the deputy manager, the registered manager and two visiting healthcare professionals. We looked at five records about people's care and support, nine medicine administration records, three staff files and the systems used to monitor the quality of care provided.

Is the service safe?

Our findings

People told us there were staff available to assist them when required. One person said, "I think they have enough staff here as we are very well looked after and rarely have to wait." On the ground floor of the home we saw there were sufficient numbers of staff on duty to meet people's needs. We observed people being responded to in a timely manner, including those requesting support, for example, when requiring personal care. On the first floor, which accommodated people primarily with a nursing need we found there were sufficient numbers of staff allocated to support people, but they were not always available in the communal areas when people needed them. For example, we observed people being assisted to walk by visitors to the home, as staff were not present. Throughout the inspection we observed that staff were not always appropriately deployed on the nursing floor of the home and as a result were not always available to respond to people's needs. The lounge was at times left unstaffed for periods exceeding 15 minutes. We discussed this with the registered and deputy managers who advised they used a dependency tool to calculate staffing numbers and they would review staffing deployment on the nursing floor. Staff told us they felt there were enough staff available to respond to people needs and to keep people safe. One staff member said, "There are enough staff, the numbers are based on the dependency of the residents." On the ground floor we found staff were deployed effectively and supported people in all aspects of their daily living, for example assisting people with personal care and offering support at meal times.

People told us they were happy with the way they received their medicines. One person said, "My medicines are all on time and as they should be." Relatives also expressed positive views. One relative told us, "[Person's name] has a lot of medicines and they are all given as they should be. We have no concerns." We looked at the medicines records for nine people and found people had received their medicines as prescribed by their GP. We looked at the systems in place to manage medicines and found people's medicines were stored securely and at the correct temperatures. There were systems in place to ensure administration of medicines was recorded. However, we saw that some people required pain relief in the form of a patch. We found clear records that showed when the patch had been applied, but there was no record of where on the body the patch had had been placed. This increases the risk of patches not being applied and removed in line with the manufacturer's instructions. This could mean that people may not get the pain relief they need or suffer unnecessary side effects. Where people took 'as required' medicines, for example pain relief, we found that guidance was not always available for staff to follow and administration times were not always recorded. Again, this could mean that people may not get the pain relief they required, or potentially be given too much. We spoke with the registered manager about our concerns and they advised that improvements would be made to recording templates so that accurate recordings could be made.

Everyone we spoke with told us they felt safe. One person said, "Yes I feel safe. What's not to like? The staff are great." Relatives we spoke with also told us they thought their family members were safe. One relative said, "We are so confident [name] is safe that we have been on holiday for the first time in two years." People were supported by staff who had received training in how to keep people safe and knew how they would record and report any concerns. Staff were also confident to escalate any issues if they felt that a concern had not been appropriately dealt with, although not all staff were aware of how to report concerns to the

provider. One staff member told us, "I would report any concerns to the deputy manager or clinical lead. If needs be I would go to the police, social services or CQC." Staff told us the service had a whistle blowing procedure and advised they would feel comfortable to use the procedure in the event of improper or unsafe practice at the service.

The provider used risk assessments which helped to ensure people's care and support was delivered in a way that kept them safe from harm. For example, where people were at risk of falls there was detailed information available for staff to refer to and staff we spoke with were aware of the possible risks to people. The deputy manager told us that any changes to people's needs that may present a new risk were discussed with the staff team during handovers and staff we spoke with confirmed this. The registered manager and deputy manager had oversight of all ongoing concerns to people's safety and was able to explain to us how they had identified any patterns or trends in relation to accidents and incidents to prevent them from reoccurring. For example they had introduced a monitoring system for incidents, such as falls.

We looked at pre-employment checks carried out by the provider and found that necessary checks had been carried out prior to staff starting work. These included background and identity checks as well as checks carried out by the Disclosure and Barring Service (DBS). DBS checks include criminal record and barring list checks for persons whose role is to provide any form of care or supervision. This ensured the risk of unsuitable staff being employed was reduced.

Is the service effective?

Our findings

People and their relatives told us they felt staff had the skills and knowledge required to support them. One person told us, "The staff seem to understand what I need so I think they are well trained. I don't have any worries." A relative said, "The staff understand [name]'s needs and have made a huge difference to their welfare. They seem to understand about dementia and know how to get the best response." Staff told us they felt supported in their roles and felt they had received the training they needed to meet people's care and support needs. One staff member said, "We have had all the training we need and can ask for extra training if required." Another staff member said, "I feel as though staff are trained and we have a good range of skills." A third staff member told us they had recently completed training in safeguarding, dementia, food hygiene and person centred care which they felt had equipped them for their role. We observed staff providing care and saw they knew how to use equipment correctly, for example when moving people using a hoist. As the home was newly opened staff told us they had received support through their induction period from the deputy and registered managers.

People told us they were asked for their consent before care and support was provided by staff. One person said, "I had a male carer help wash and dress me today. He asked first if I minded being supported by him and only did what I asked." Throughout the inspection we observed staff asking people for their consent, including if they were happy to be supported with personal care and whether they were happy to be supported to move in to the lounge from the garden.

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. Staff told us they had received training in the MCA and we found assessments had been carried out to assess whether or not people lacked capacity to make certain decisions. These were recorded and shared with the staff team. Some people's care records reflected that people and their relatives had taken part in best interests meetings to ensure they were happy with decisions made about their care and support. For example, when considering whether the use of bed rails was appropriate to keep a person safe.

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 (DoLS). We checked whether the service was working within the principles of the MCA. Where relevant the registered manager had submitted applications to the local authority to lawfully deprive people of their liberty. People's care records contained details of the reasons for the application. Not all staff were aware of the applications that had been submitted, or the reasons for this. However, they did not act in a way that unlawfully restricted people. We discussed MCA and DoLS with the registered manager who advised that information about DoLS would be shared with the staff team to ensure staff did not act in a way that unlawfully restricted people.

People told us they enjoyed the food and were given choices at meal times. One person said, "There is

plenty of food, good portions. I don't go hungry." Another person told us, "There are about four choices for dinner, they are all available and all taste ok to me." Relatives also expressed positive views about the food. One relative said, "[Person's name] is always helped with their food and has put on weight since being here. Staff puree their food to make it easier to eat." We talked to staff who demonstrated a good knowledge of people's likes and dislikes in relation to food as well as specific dietary requirements relating to health needs or culture. One staff member told us, "There are people living here who have difficulty swallowing and others who don't eat certain meats for religious reasons. We have to respect that and people are offered choices." Where people's fluid intake was monitored by staff to ensure they were adequately hydrated, we found records reflected their intake and daily amounts were totalled to ensure their fluid intake was sufficient. Staff responsible for food preparation were knowledgeable about people's individual needs so people were supported to eat and drink sufficient amounts to maintain their health.

People were supported to access healthcare services when required. People told us staff arranged appointments for them when they needed them. One person told us, "I saw the physio yesterday and the deputy manager said she would help me with the exercise I have to do." Staff told us and we saw from people's care records that appropriate action had been taken when people needed additional support from a doctor or other healthcare professionals. We spoke with two visiting health professionals who told us, "I think staff are providing good care. We have no difficulties with communication and staff take on board any feedback we give them." This ensured people received up to date support with their healthcare needs. However, following the inspection visit we were made aware of some concerns in relation to avoidable delays in staff contacting specialist healthcare staff, specifically in relation to people receiving end of life care. These concerns were being investigated at the time of this report.

Is the service caring?

Our findings

People expressed mixed views about whether the staff were caring. People living on the ground floor of the home told us they felt staff were kind. One person said, "Everyone has been very kind and helpful and staff listen to what I want." Another person told us, "All of the staff are thoughtful and positive, helping me with everything I need. I don't have any complaints." A relative told us, "I couldn't have hoped for a better place, the staff are all friendly and they listen to [name] and us." However on the first floor, where people received nursing care, less positive views were expressed. One person told us, "There are some good nurses and other not so good. I am sometimes concerned when my dressings don't get changed as they should, I'm not sure if they appreciate how uncomfortable this makes me." Another person said, "The staff do what they have to do, some days it could be better. But on the whole they look after me quite well." Throughout the inspection we observed staff had a warm and friendly approach and took time to listen and give explanations to people.

People told us staff respected their privacy and dignity. One person said, "I think we are all respected and treated with dignity." We observed staff supporting people in a respectful way, for example ensuring they maintained eye contact with people by moving to sit at the same level. Staff shared examples with us of how they knocked on bedroom doors before entering and closed curtains in people's bedrooms before supporting people with personal care. However, we observed a number of occasions throughout the inspection where conversations were held between staff, people and other professionals which could be overheard in the communal areas of the home. This meant that people's confidential information may be unintentionally shared. We discussed this with the registered manager and the deputy manager, who acknowledged our concerns and advised that future meetings would be held in areas of the home where confidential information could not be overheard.

Staff had a good understanding of people's likes and dislikes and people were comfortable and relaxed in asking for support. Some people were able to ask for staff by name. We observed one person became anxious when entering the dining room. Staff comforted the person and were able to quickly identify ways to calm them. One staff member directed another to assist the person with a drink, they said, "[Name] likes a large drink, they like a large glass." The person confirmed this was their preference. This demonstrated staff understood the person's preferences and were able to respond quickly to meet their needs. Staff told us they took time to get to know people and have conversations with them about the things that mattered to them. Where people had specific communication needs staff supported them to communicate their choices and decisions, in some cases using pictures to help people make choices.

Staff were aware of people's preferences and were able to share with us how people liked to be supported. For example, one staff member told us that some people liked to spend time in the garden and we observed staff supporting them to leave the lounge area and enjoy the fine weather. We saw examples of staff promoting people's individual preferences, including how a person liked the lighting in their bedroom at night. Staff supported people to be independent where possible and encouraged people to do as much as they could for themselves. One person told us, "I look after myself as much as I can and staff help me when I need it, so I am very happy." A staff member told us, "Quite a few people here are independent, but I always

encourage people to do as much as they can for themselves." Staff shared example with us of how they actively tried to offer people choices, which included choices of meals, what time people went to bed and whether they had a bath or a shower. One person told us, "I am only here for respite, so I am able to keep my independence and do as I would at home. I keep all my own medicines in my room and take them myself when they are due."

People's relatives and friends were welcome to visit at a time of their choosing and we observed visitors chatting to staff about the needs of their family member. One relative told us, "we came for a visit for lunch before arranging for [name] to stay and felt very confident they would be well looked after."

Is the service responsive?

Our findings

People expressed mixed views about whether they were supported to take part in activities that interested them. One person told us, "I've told the activities person that I'm bored and need some activities, but nothing ever happens. I have to wander around looking for something to do." Another person said, "I have always had a very active brain and don't feel I am using it very much since I've been here. It would be good if we could have a quiz or something like that occasionally." A third person told us, "I have told staff that I am bored but no-one seems to be proactive in sorting something out." Staff told us people were asked about their hobbies and interests on admission to the home and we saw this was reflected in people's care records. We saw some of these activities were present on the activities calendar displayed in the communal area of the home. People had also been asked to give feedback on their preferences for activities and we saw some of these suggestions were planned for future events. During the inspection we observed people watching television, chatting with relatives and friends and having their nails painted, however people still felt there was not enough mental and physical stimulation. We discussed our concerns with the registered manager and deputy manager who advised activities did regularly take place both on a group and one to one basis, but that they would seek to gain further feedback from people on their choices and interests.

People and their relatives told us they received the care they needed. Not everyone had been able to contribute to decisions about their care due to their level of understanding; however, where this was the case, people's relatives had been involved in planning their care. Staff told us they tried as much as possible to involve people in decisions about their care and support. One staff member told us, "I talk to the person and also their family if I can, we would also involve healthcare professionals if needed." Relatives told us they were kept updated with any changes to their family member's needs or health or if the care they required had changed. One relative said, "We are very involved in [name]'s care. We know the manager and the deputy and they always check we are ok with everything." We reviewed people's care records and found they were personalised to each individual person and reflected their needs and preferences.

People told us they knew how to complain if they were unhappy about any aspect of their care. However, some people told us they felt vulnerable when complaining or making suggestions. We discussed this with the registered manager who told us there was an opportunity for people to give feedback anonymously, and advised that residents would be reminded of this facility following the inspection. Relatives felt able to raise concerns and knew who to contact if they were unhappy about something. One relative told us, "We know who to complain to if we needed to and I think they value our opinions and feedback." Staff were aware of how to manage complaints received about the service. One staff member told us a complaint had been received about a lack of tea making facilities on the first floor; this had since been made available. We discussed complaints with the registered manager and found there was a system in place for managing complaints. The registered manager explained how they encouraged staff to resolve any concerns as soon as they arose. We saw that where appropriate complaints had been escalated to the provider and actions had been recorded.

Is the service well-led?

Our findings

The registered manager and provider conducted quality audits to check on all aspects of the service. However, these audits had not identified the issues found at our inspection. Staff deployment on the nursing floor, lack of meaningful activities and the recording of medicines were three areas of concern found at the inspection that had not been previously identified by the provider. We reviewed the audits carried out by the registered manager and found where areas requiring improvement had been identified, action had been taken and outcomes recorded. Audits of health and safety were undertaken on a weekly basis as well as monthly audits for equipment, care plans and risk assessments. Any learning from the audits was shared with staff and any issues were logged for the provider to agree actions. Infection control audits had been undertaken for all areas of the home and there were action plans in place to remedy any issues identified. We found that although audits were being regularly conducted these did not always consider the experience of people living at the service and could be developed further to include the overall quality of care provided and how this impacted people. Due to the length of time the home had been open it was not possible to check the effectiveness of all of the auditing processes, and the registered manager acknowledged that the systems in place would need to be reviewed in the coming months.

People told us they were happy with the way the service was managed. One person said, "I know who the manager is, if you need them, you can ask for them." Another person told us, "The deputy manager knows what I need and soon tells the other staff. She always has time to find out how I am." Relatives were also positive about the management of the service. One relative said, "I have no complaints about the place, they really seem to care and treat people as they should do." Most of the people we spoke with knew who the registered manager was and those that did not, knew the deputy manager by name. Staff also told us they felt the home was well led. One staff member said, "The home is well managed, there is really good communication and the manager and deputy are fantastic."

People were asked to contribute their feedback through resident's meetings, which were also used to involve people in decision making about changes at the service. For example people had given feedback on the activities available and these had been included in future planning. The management team also encouraged feedback through the use of comment cards and an independent website. We saw lots of positive comments had been received including one that said, "Wulfrun Rose Nursing Home is a lovely, clean friendly home. I have been here for just over one week and I can honestly say it's excellent in all ways. Thank you for making me feel like one of the family." Relatives had also given feedback. One relative told us, "We have completed three questionnaires this year and voiced our comments about the care." The registered manager told us they planned to arrange a meeting for relatives in the coming months. This demonstrated the provider was open to receiving feedback. Following comments from some people who felt cautious about sharing their views, the registered manager advised that alternative way to seek anonymous feedback would be considered.

Staff told us they received support from the management team through supervisions and team meetings. They also had discussions with registered manager and deputy manager on a regular basis. One staff member told us, "I can share my views in staff meetings, or I can just knock on the manager's door and have

a word with them." Staff told us they felt able to contribute to the development of the service and that feedback was welcomed. One staff member told us, "There is a lot of support, staff morale is high. We aim to provide the best care we can." The registered manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law. The registered manager told us they received valuable support from the provider who made weekly visits to the home. They told us, "I feel very well supported. We have lots of contact. Everything I've asked for has been provided."