

Barchester Healthcare Homes Limited

The Wingfield

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Wingfield is a care home providing personal and nursing care to 89 people. Some people have nursing needs and others are living with dementia. The home is made up of two buildings, The Lodge and Memory Lane. At the time of the inspection there were 58 people living at the service.

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

Staffing levels had been reviewed, yet feedback about staffing numbers from people and their relatives remained variable.

New staff had been employed, which had reduced agency use. Recruitment checks had been completed, but there were discrepancies in some of the information. This did not demonstrate a robust recruitment process was being followed.

Records did not show some people's fluid intake was being effectively monitored. The registered manager responded to this feedback and on the second day of the inspection, all records were fully completed.

Improvements had been made to infection prevention and control. The home was clean, and systems such as auditing, and staff training were in place.

People felt safe at the home and staff knew how to identify and act on potential abuse. Any safeguarding concerns were appropriately reported.

Risks people faced had been identified and assessed, with action taken to ensure safety.

Improvements had been made to the management of medicines, which ensured people received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Improvements had been made to care planning and staff were knowledgeable about people's needs. People and their relatives were generally happy with the care provided.

People knew how to raise a concern or formal complaint. They were encouraged to be honest if not happy about the service, so improvements could be made.

Improvements had been made to the overall management of the home. The registered manager at the time of the inspection had provided clear leadership and direction to drive improvement.

There were a range of audits to identify and assess the quality and safety of the service. Senior managers monitored these and completed regular audits themselves.

Systems were in place to encourage people, relatives and staff to give their views about the service. Social activities were arranged, and people were encouraged to be part of the local community.

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 August 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of Regulations.

Why we inspected

The inspection was prompted in part due to concerns received about people's care and delays in responding to people's call bells.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and responsive sections of this full report.

The overall rating for the service has changed to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Wingfield on our website at www.cqc.org.uk.

Recommendations

We made two recommendations for the provider to review the recruitment practice within the home, to ensure it was undertaken in line with their recruitment policy and ensure that they keep staffing levels under review .

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

The Wingfield

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 Health and Social Care Act 2008.

Inspection team

This inspection was undertaken by 2 inspectors 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

The Wingfield is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Wingfield is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. After the inspection we were informed that the registered manager had left the service and had submitted an application to us to de-register. We will liaise with the provider to ascertain the ongoing managerial arrangements at the service.

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. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service and 8 relatives about their experience of the care provided. We spoke with 11 members of staff, including the manager, regional director, nurses, care staff and housekeeping and catering staff. We reviewed a range of records. This included care plans and medication records. We looked at 3 staff files in relation to recruitment and staff support. A variety of records relating to the management of the service including quality auditing, were reviewed. We spoke to 2 health and social care professionals about their experiences of the service.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained the requires improvement. 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.

Staffing and recruitment

At the last inspection, the provider had failed to ensure there were sufficient skilled and experienced staff on duty. This impacted on safety and was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- There were not enough staff on the first day of the inspection however overall, since the last inspection, staffing levels had improved.
- During the first day of the inspection we observed two people walking into other people's rooms and moving their possessions. Staff were not aware of these people's whereabouts. We used the call bell on both occasions to alert staff, but nobody came. The registered manager told us they would speak to staff about this, but said they were already arranging for an additional staff member to be deployed to that floor. On the second day of the inspection, there were enough staff.
- Feedback about staffing was variable. People told us "We can get left in wheelchairs for a long time, waiting to transfer into the armchair" and, "Staff work incredibly hard. They need more, especially at busy times of the day." A member of staff told us staffing was always an issue, because someone was always unwell and not able to work. However other staff told us that the increase in staffing levels since the last inspection had made a difference.
- Since the last inspection a receptionist and hostesses had also been deployed each day, to serve food and drink to people. This had enabled care staff to concentrate on their caring responsibilities, rather than practical tasks.
- Focus had been given to recruitment, to decrease the reliance on agency staff. The registered manager told us the home had enough registered nurses, but still had some care staff positions to fill. They were optimistic these would be filled soon.
- Overall the provider's recruitment policy was followed, but more attention to detail was required in some areas. For example, the dates of previous employment stated on one application form did not compare to those shown on a reference document. Another reference showed a job role that had not been identified within the candidate's employment history on their application form.

We recommend that the provider continues to review the staffing numbers to ensure that people's needs continue to be met, and reviews the recruitment practice within the home to ensure it is undertaken in line with their recruitment policy.

At the last inspection, the provider had failed to ensure there were safe systems in place to prevent and control infection. This impacted on safety and was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Preventing and controlling infection

- Improvements had been made to infection control and cleanliness, although there had been an outbreak of infection at the home.
- Latest government guidance regarding the use of personal protective equipment (PPE) was being followed. To minimise transmission during the period of infection, the registered manager had instructed staff to revert to the use of face masks.
- Areas including people's bedrooms, bathrooms and communal areas were clean with no malodours.
- New furniture and bed-rail covers had been ordered to replace any that were worn or stained.
- Staff had completed infection control training and audits had taken place. This had included a review of effective hand-washing techniques.
- There were ample supplies of PPE and staff showed a good understanding of how to use it safely.
- People told us they were happy with cleanliness and said staff wore PPE appropriately. One person told us, "My room is kept very clean, they come in and clean it and my bathroom every day. It's spotless."

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to promote safety and minimise the risk of abuse.
- Staff had completed safeguarding training and understood their responsibility to keep people safe. They said they would raise concerns about poor care, as well as abuse.
- Any safeguarding concerns were reported to the local safeguarding team and CQC. This included concerns about other care or hospital settings if needed.
- People told us they felt safe at the home and relatives had no concern about safety. Specific comments included, "Staff go over and beyond, I can't fault them, they are kindly and careful and don't get irritated. It means a lot to see that" and, "We've never been concerned about her care."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks people faced had been identified and assessed, with action taken to enhance safety.
- Information about risk management was detailed in people's care plans. This included any equipment needed to move a person safely. However, staff had not assisted one person to sit up in bed to ensure they ate their lunch safely.
- Some people had been assessed as being at risk of choking. These people had been referred to the speech and language therapist (SALT) for specialist assessment. Guidance about the risk and any support required were detailed in people's care plans.
- Those people at risk of developing a pressure ulceration had specialist equipment in place to prevent any skin breakdown. This included air mattresses, which were all set correctly, except one. A staff member told us staff checked the mattresses were on the right setting before supporting a person to bed, but this was not documented. Mostly, staff had supported people to change their position in line with guidance in their care plan.
- People had been assessed for the risk of falls. Measures were in place to minimise falling, but if a person had fallen several times, incident reports were analysed to identify any trends. Care plans were reviewed and where appropriate, people had been referred to the falls team for further support.
- A record of accidents and incidents was maintained. The registered manager reviewed these to ensure

appropriate action was taken to minimise a reoccurrence, and to identify possible trends.

- Environmental checks and servicing of equipment were undertaken to ensure safety.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Work had been undertaken to improve decision making and mostly, consent to care had been sought in line with guidance.
- People's capacity had been assessed in terms of living at the home, being supported with medicines and the use of equipment. However, not all documentation was up to date. This included some use of bedrails, and one person's capacity to consent to their sensor mat.
- Some people were having their medicines administered covertly. This is when medicines are disguised in food or drink, without the person's consent. There were documents in place to show how this decision had been reached. This included discussion with the prescribing GP and pharmacist.

Using medicines safely

- Improvements had been made to the administration of people's medicines, which meant safe systems were in place. A health care professional told us from their experience, the management of people's medicines had improved. They said they had no concerns about safety.
- Staff told us, and records showed medicines were administered as prescribed.
- People's preferences on how they wished to take their medicines were recorded in their care plans.
- Guidance was in place to ensure any 'as required' medicines were administered safely. However, methods to try and alleviate any symptoms of anxiety, before resorting to the use of medicines were not detailed. Information related to other medicines was detailed, and person centered.
- Staff had documented the reasons why 'as required' medicines were administered, but the effectiveness was not always recorded. This did not enable staff or a health care professional to see if the medicines were working or not.
- Medicines were stored safely. Temperatures of the medicine room and refrigerators where medicines were kept were monitored to ensure safe storage. Records showed any concerns were reported and addressed.
- The service was supported with weekly pharmacist visits. Staff spoke highly of these and told us previous supply issues with medicines, had been resolved.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

At our last inspection, the provider had failed to ensure people's care was appropriate and met their needs and preferences. This did not ensure people received person-centred care and was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

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

- Improvements had been made to care planning, to enable personalised care to be provided.
- Care plans provided detailed information for staff on how to meet people's needs. Following the last inspection, detailed care plans regarding the management of distressed behaviours had been developed. Staff were knowledgeable about people's needs. One staff member told us, "We read the care plans and ask people what they want and how they like things done." Another staff member said, "We treat everyone as an individual and we follow their preferences."
- Information about people's individual preferences, were now included in care plans. There were also 'Getting to know me' documents, which helped people share information about their earlier lives.
- People looked well supported with clean hair, nails and teeth. Those people who were being nursed in bed looked comfortable with clean bedding. However, one person had debris between and around their toes and their slippers had a strong odour. Their continence aid had slipped in their trousers, so was not positioned appropriately.
- Information about preferences, dietary needs and allergies were given to the chef when a person was first admitted to the home. This ensured people received meals that met their needs and preferences.
- People's food and fluid intake was being monitored, but records did not always demonstrate this effectively. For example, one record showed a person had only drunk 270mls throughout the day. On the second day of the inspection, the records were fully completed. The registered manager told us many people were being monitored unnecessarily, so their monitoring records had been removed.
- People and their relatives told us they were generally happy with the care provided. Specific comments were, "I've got no qualms about the staff, or [person's] care" and, "I know [person] gets a shower sometimes and I think they give [person] a choice of things to wear and hold them up so they can choose which one."
- One relative told us their family member's preference of receiving care from staff of a particular gender was not always respected.
- A health and social care professional told us, "I am confident that [registered manager], [deputy manager] and their team, always have the residents' health and well-being at heart. During my visits, I have seen the residents are cared for, live in a happy safe and secure environment."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The AIS was being met.
- Information about people's communication needs were identified in their care plans.
- There was a system in place to check people's hearing aids were in good working order.
- People were supported to see an optician if needed.
- The provider was able to provide information in different formats if required.

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

- Since the last inspection, opportunities for social activity had been further developed.
- There were designated activity staff and a programme of activities for people to join in with if they wanted.
- During the inspection, there was a music session, a musical entertainer and a residents' meeting. The meeting had been scheduled to discuss activities people would like arranged.
- Short mat bowls were being introduced and teams from other care homes were being invited to play and then share refreshments. The registered manager told us if the activity was a success, it would become a regular occurrence.
- The registered manager was working with the provider's community engagement manager to develop external contacts and links with the local community. This included breakfast for emergency services and undertaking activities with local school children.
- People gave us variable feedback about social activity provision. One person told us, "The activities have been quite good lately, we've had some singers. We're going to do some baking and plant some pots for the garden." A relative however said, "I don't think there's much going on, there isn't any stimulation. Certainly, in the afternoons there's nobody around at all."

Improving care quality in response to complaints or concerns

- The provider had clear systems in place to manage any concerns and complaints.
- The registered manager told us they encouraged people and their relatives to be honest and raise their concerns if they were not happy. They said they always offered to meet the person to discuss the concerns and would then take any action needed.
- Senior managers reviewed the management of complaints during their monthly visits to the home.
- People and their relatives knew how to raise a concern. One person told us, "If I needed to complain I'd certainly do it, not just for myself but for the benefit of other people. You've got to speak up really, and I would tell one of the managers."

End of life care and support

- The service continued to be able to support people at the end of their lives.
- People's preferences regarding admission to hospital if very unwell, and resuscitation, were detailed in their care plans.
- Staff told us they ensured anticipatory medicines were available if a person was deemed to be at the end of their life. This was to immediately address any pain or agitation a person experienced.
- The registered manager told us they continued to work with other professionals when providing end of life care. This included the GP or local hospice.

- Training regarding end of life care formed part of the provider's staff training plan.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection, the provider had failed to have systems in place to assess, monitor and improve the quality and safety of the service. This placed people at increased risk of harm and was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17 (1)(2).

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Improvements had been made to the overall management of the home. The registered manager had provided stability and demonstrated clear leadership and direction. They told us, "The home has definitely been on a journey and we are nearly where we want to be. Our goal is to be outstanding."
- The registered manager completed daily 'walkarounds' of the home. They spoke to people, visitors and staff, and reviewed areas such as care and support, staffing and cleanliness.
- The registered manager met with the heads of department each morning. This ensured the different staff teams were aware of people's well-being and important events.
- The registered manager and deputy manager both worked shifts in their clinical capacity. This enabled care and treatment to be observed and monitored, but also relationships to be further developed.
- There were a range of audits, which the provider deemed mandatory, to ensure the quality and safety of the service. These included checks of the call bells, infection prevention and control and care planning. There were also observational audits such as assessing the meal-time experience and night-time visits to monitor practice.
- Outcomes of audits were held electronically and reviewed by senior managers. This ensured the audits were undertaken effectively and any required action was completed.
- The registered manager told us policies and procedures were discussed with staff on an individual and group basis. This helped to keep staff up to date with regulation and requirements of their role.
- Some parts of the home were being re-decorated to help people differentiate different areas of their environment. This work had been identified in an environmental enhancement audit.

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

- The overall culture of the home had been improved.

- The registered manager told us since starting their role, their best achievement was building a stable, consistent, hard-working team. They said this had also involved getting staff to trust them and be an integral part of the drive for improvement.
- Staff told us they felt valued and morale within the team was better. One staff member told us, "I think it is positive. We're all part of making it better here."
- There was positive feedback about the registered manager. One staff member told us, "[Registered manager] is a good manager, very kind, and always listens. I'm proud of what we do here. We work hard to keep people happy. The staff really do care about people. I firmly believe the care is good."
- People and their relatives were complimentary about the management team. One relative said, "The managers and all the staff are approachable, they always keep us informed." A health and social care professional told us, "Things are much better now that the registered manager and deputy are in post. Communication is better and systems are clearer."
- The registered manager was aware of their responsibility to ensure honesty, transparency and an apology in line with the duty of candour. They demonstrated this, as they were quick to apologise when a data protection breach had occurred. A staff member told us, "We are open and honest with relatives. We understand the duty of candour and are open about where we need to be. We are still on a journey and we know we're not perfect."

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

- People, their relatives and staff were encouraged to share their views about the service.
- The registered manager told us they wanted everyone to be open and honest when expressing their views. They said this was important so that any concerns or shortfalls could be addressed, resolved and learnt from.
- The provider's human resources team sent out surveys to gain the views of all who were involved in the service. They then collated the feedback and sent a report to the registered manager to address as required.
- Staff meetings and staff supervision took place to enable views to be exchanged and practice to be developed.
- The registered manager had proactively developed relationships with other health and social care professionals. This included the GP, local pharmacist and specialised nurses.