

Baxter and Hill Ltd

# Wallfield House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 13 September 2018 and was unannounced. Wallfield House is a care home that provides accommodation with personal care and is registered to accommodate 15 people. The service provides support to older people who may be living with dementia. The accommodation at Wallfield House is on the ground and first floor and there is a lounge and a dining room for people. The home is in the village of Findern and has a car park for visitors to use. Public facilities and transport services are within easy reach of the home. This was the first inspection of this service under the new provider.

Wallfield House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 14 people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Improvements were needed to ensure applications to restrict people liberty were completed. People could make choices about how they wanted their care delivered and how to spend their time. People were provided with a good choice of food and maintain a healthy diet. People's day to day health needs were met in a timely way. The home was warm and welcoming and the environment was suitable to meet people's needs. Staff received training and support to be enable them to care for people well.

People felt safe living at Wallfield House and staff were knowledgeable about how to safeguard people from avoidable harm. Potential risks to people's health and well-being had been assessed to help keep people safe. There were enough staff available to meet people's needs in a timely manner. Safe and effective recruitment practices were followed to help make sure that all staff were of good character and suitable for the roles they performed. There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. There were systems in place to help promote infection control and lessons were learnt from when mistakes happened.

People were happy with the staff that provided the care who respected and promoted their dignity and privacy. The staff supported people in the way they wished whilst encouraging them to remain as independent as possible. Information was available about the home and had been designed to enable people to understand any information. Relatives and friends were encouraged to visit at any time.

Staff were knowledgeable about people's preferred routines, likes and dislikes and personal history. The

staff used this to provide personalised care and support that met their individual needs. The service was managed in a way that responded to people's changing needs. There were opportunities for people to get involved in activities and pursue their interests. Concerns and complaints raised by people were responded to and resolved.

People knew the registered manager by name and felt the management team was approachable and could talk with them at any time. There was a range of checks undertaken routinely to help ensure that the service was safe. People and their relatives were able to share their opinions about the service and facilities provided. Satisfaction surveys had been distributed to gather feedback about how the service performed. The registered manager and staff worked with other professionals to continue to raise standards in the home and to drive improvements.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and received care from staff who knew how to reduce risks to keep them safe. People were supported by sufficient staff who were recruited safely. Medicines were managed safely to ensure people received their prescribed medicines. Lessons learned were shared and any incidents reviewed. There were effective infection control practices.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

People could make choices and were not restricted, however, an application to restrict people's liberty needed to be considered. People were helped by staff who were trained and had regular supervision. People had a choice of food and drink throughout the day and helped to design the menu. There was regular access to health professionals and the design of the building suited people's needs.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff were kind and friendly and supported people to be independent and makes choices in their life. Family and friends could visit the home and continue to be involved with daily life.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were met in a way they liked. Care plans included the information to help ensure care was provided in a person centred and safe way. People had opportunities to be involved with activities that interested them. Complaints were responded to and feedback was sought.

### Is the service well-led?

Good ●

The service was well led.

People, relatives and staff felt the service was well run. There were systems in place to monitor the quality of the service and address any shortfalls. The management team worked with other agencies to improve and maintain standards. The new provider was committed to developing the service and provide positive outcomes for people.

# Wallfield House

## **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 visit took place on the 13 September 2018 and was unannounced. The inspection visit was carried out by one inspector.

The provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report and gave the provider an opportunity to provide us with further information. All this information was used to formulate our inspection plan.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with five people who used the service and four relatives. We also spoke with four members of care staff, the deputy manager and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for four people and we checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including medicine records, quality checks and audits and staff files.

# Is the service safe?

## Our findings

Staff had a good understanding of people's needs, including any individual risks and knew how to provide care and support to reduce the risk of harm. Potential risks to people's health, well-being or safety had been assessed to take account of people's changing needs and circumstances. Assessments were in place which identified potential risks to people's safety and detailed the controls in place for staff to help mitigate the risk. People understood how risks were being managed and one person told us, "I have a mat in my room so if I get up, it lets the staff know if I am moving around so they can check I'm alright. I feel safe here." Staff helped people to move safely and care plans included information about how people needed support and any equipment that was needed. One person told us, "The staff are always with me when I walk to keep me safe. I had some falls in the past so I get worried but they are always near me, which is reassuring."

Staff had been trained in how to safeguard people from avoidable harm. They were knowledgeable about the potential risks and signs of abuse and how to report any concerns both within the organisation and outside to the local authority safeguarding team. One member of staff told us, "The manager is very clear that if we see anything that worries us then we should report it. The manager really wants to get it all right and it's lovely to see how they want everybody to be happy and to have the best care here." Information and guidance about how to report concerns, together with relevant contact numbers, was displayed in the home and was accessible to staff and visitors.

People's medicines were managed safely and we saw they were offered their medicines with a drink. People were told what their medicines were for and staff spent time with them to ensure they took them. One person told us, "I don't have to worry about medicines any more, the staff look after this and if I need anything I just let them know. They are very good and I trust that they are doing it right." We saw that medicines were administered according to the prescriptions and the medication administration record was signed for after people had taken their medicine. Some people needed certain medicines 'as required' (PRN); individual plans were agreed so that staff knew when to administer these medicines and the amount to give. We checked a sample of boxed medicines and found that the record keeping was accurate in respect of medicines prescribed; a daily audit was completed to ensure people received their medicines and there were safe systems in place. All medicines were kept securely in a locked cupboard to ensure that they were not accessible to unauthorised people.

People were satisfied with the standard of cleanliness in the home. There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. A relative told us, "One of the first things we noticed when we came and looked around is that it didn't smell. It is always clean and fresh and very homely." We saw that staff used gloves and aprons and discarded them safely after use. The home was clean and fresh and an infection control audit was completed to identify if standards were not being maintained.

People felt there were enough staff available to meet their needs. We saw people received their care and support when they needed and wanted it and staff were available to respond where people needed assistance. Where people spent time in their bedroom, a call bell was nearby in order that they could make

an alert to staff. One person told us, "I have my bell nearby so I can call the staff. They don't usually take very long to come and they always have a smile on their face." One relative told us, "There is great consistency with staff and the team of staff are proud to say they work here." The staff explained that the team worked together to ensure that vacancies or unplanned absences were covered in the team and agency staff were only used as a last resort. One member of staff told us, "It's better for everyone if the people know the staff and feel comfortable with them. We have an agreement with an agency that they will only send staff who are familiar with the home so we can still provide good care and be consistent."

People were cared for by staff who were suitable to work in a caring environment. Before staff were employed we saw the manager carried out checks to determine if staff were of good character. Criminal records checks were requested through the Disclosure and Barring Service as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

The registered manager had ensured that lessons were learned and improvements made when things had gone wrong. Records showed accidents and near misses were analysed so that they could establish how and why they had occurred. We also saw that actions had then been taken to reduce the likelihood of the same thing happening again. These actions included considering the need to refer people to specialist healthcare professionals who focus on helping people to avoid falls. The registered manager told us they undertook investigations into the issues, shared the outcome with the staff team via handovers and team meetings and undertook on-going monitoring to assess if the actions taken had been effective.



## Is the service effective?

### Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the provider was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. It had been identified that a number of people may no longer be able to make decisions about their safety and care. We saw capacity assessments had been completed for decisions where people lacked capacity and a best interest decision had been recorded. Where potential restrictions had been identified, the care plan recorded how care should be delivered in the least restrictive way. However, the registered manager had not identified when it was necessary to apply for a DoLS to ensure that any restrictions placed on a person's liberty was lawful. We discussed this with the registered manager who agreed that they would submit this application.

People felt the staff understand and knew how to provide the care and support they wanted. When new staff started working in the home they completed an induction and were given time to get to know people before they started providing any care. The staff felt they received the training they needed and confirmed that there was a programme of staff supervision in place; this helped staff to receive support as and when needed. The staff told us they were confident to approach the management team for additional support at any time. Staff were being provided with opportunities to take an interest in an area of care and become a 'champion'. The staff explained that this enabled them to receive further training and support the staff team in that area, such as infection control, pressure care and dignity. One member of staff told us, "It's nice to be valued and get this opportunity."

People were provided with a choice of food and chose where they wanted to eat their meals. Most people chose to eat in the dining room together. People's individual likes, dislikes and food intolerances were recorded and respected by the staff team and the staff had a good knowledge of people's preferences. One person told us, "The food is very good indeed." One relative told us, "The cook integrates with everyone. They don't just stay in the kitchen, they come out and talk with people to find out what they want. There's no point putting on a menu that people don't eat. It's important they have what they want and they always ask." People were provided with support to help them eat and drink in a calm, relaxed and patient way. People were asked by staff what they wanted and asked if they were still hungry and wanted more food; a hot or cold drink or an alcoholic drink was offered. Drinks were available throughout the day. Cold drinks were left on a table and when hot drinks were served people could choose from a mug or china cup and saucer.

People were supported to access health care services such as GPs, dentists and opticians. Their health

needs were met in a timely way and referrals were made to health and social care specialists as needed. One relative told us, "[Person who used the service] has had their hearing checked and the staff always make sure they are wearing their hearing aids and make sure they are working and fitted properly." The staff had a good knowledge of people with regards to their medical history and social circumstances, which meant they could work well with people to support them to make decisions about any treatment and intervention.

The environment was suitable to meet people's needs. All shared facilities were on the ground floor and there was a lounge and a dining room with additional comfortable seating that people could use. There was a lift to access the first floor and all areas of the home were accessible for people. The rear garden had been developed to provide a safe area for people to sit, with plants and garden features placed around to make this an attractive area to spend time. One person told us, "It's all about the feeling. From the moment we walked through the door, I felt at home." Where bedrooms had become empty, the provider was redecorating and refitting these rooms to a higher standard. One person told us, "I've asked to move into larger room and they are decorating it at the moment. I'm really pleased with how it is going and looking forward to having more of my own furniture in there." The home was warm and welcoming. People's individual bedrooms were personalised with many items that had been brought in from their home such as cushions and pictures. The provider had made necessary improvements to the roof and maintenance of the building and explained they were committed to developing the home and improving standards.

## Is the service caring?

### Our findings

People maintained relationships which were important to them. Staff recognised people's rights to have personal relationships and friends and relatives could visit anytime. We saw family and friends visit throughout the day and spend time together in private or within a communal area. People and their relatives told us they were happy and were complimentary about the care and support they received. One person told us, "I'm happy every day here." One relative told us, "The feeling is very special here. The staff have been excellent towards [Name]. Their general health has been good and better since moving here. When we visited the staff explained how the service operated and what they could do for [Name] and we've been very happy."

Staff respected people's dignity and ensured that they supported them in the way they wished whilst encouraging them to remain as independent as possible. Staff were always courteous and kind towards people. We saw there was good communication between staff and the people who used the service and they offered people choices. For example, choices of main meal, snacks, drinks and opportunities for engagement. One person told us, "They bend over backwards to help you here. I can't fault them." The staff knew people well and we heard them speaking about family and significant events and often sharing jokes between each other in a respectful and dignified way. One member of staff told us, "It's all about the people here. People first and everything comes second." The staff promoted people's dignity and privacy by knocking on people's doors and waiting before entering people's rooms.

People were dressed in a style of their choosing and could have their bags and personal possessions near to them. We saw when people were supported to move, staff remembered to take their personal belongings with them and asked people where they could place these so they could reach them. People were asked where they wanted to go and when being helped to sit down, they were helped to be comfortable and had pressure cushions to sit on where this was needed. We saw that staff respected people's personal space. There was a relaxed atmosphere and we saw people were comfortable and happy around staff who listened to what people had to say with interest.

The staff understood their role in relation to supporting people to express themselves. The staff did not discriminate based on sexual orientation and consideration was given to people's preferences in relation to their diverse cultural and human rights. Staff also understood the importance of gaining people's views about their wishes in relation to end of life care. Where people had any specific this could be record in the care plan, including information about relatives and friends, people wanted to be involved with their care. The staff understood that some people were reluctant to discuss this sensitive topic, however felt it was important where people had specific views, to record this so they could respect their wishes.

## Is the service responsive?

### Our findings

People received care and support in the way they preferred and their support needs had been discussed and agreed with them. People felt they had been involved in developing their care plans, which were reviewed regularly with them to help ensure they continued to meet their needs. One person told us, "It's not easy moving into a home, but they have made it easier. They are very responsive and when any risk is identified they act straight away." People's care plans included information to guide staff to provide support for people to meet their individual care needs. The care plans included people's likes, dislikes and what support was needed to keep people safe. Where people's needs had changed, the support plan was updated to reflect this and where people had capacity, they had recorded their consent.

People chose where to go and how to spend their time and we saw people were asked what they wanted to do that day. There was a range of activities available in the home if people wanted to be involved with arts and crafts and we saw people knitting. They told us, "I've always enjoyed knitting. I'm doing a blanket and we send them overseas for people who need them." Other people told us they enjoyed getting involved with games and enjoyed 'target practice'. One person told us, "I like people watching and reading. It's nice that I have friends here that I can spend time with and I'm never really on my own." We saw staff were not rushed and where people wanted their attention, this was given and staff took their time when engaging with all activities. We saw staff sat chatting with people and reading with them and people told us they felt that the staff were interested in them.

People could choose to go out independently or arrange to meet family and friends without staff support. One person told us, "Staff are very respectful and I'm never prevented from going out and meeting with friends. I have a very busy life and enjoy get involved and meeting others." Staff told us that where people went out independently, they informed staff where they were going and when they expected to return so staff knew they were safe.

People were supported to practice their faith and staff recognised the differences in how people chose to meet their religious needs and supported people to go to church where this was important to them. People told us they enjoyed living in the village and joining in with local events, including completing crafts to display at a local arts festival. Children from nearby nursery visited the service and sang with people. One relative told us, "[Person who used the service] loves it when the children visit. Everybody here really enjoys this."

People knew how to raise any concerns and make complaints if needed. The provider's complaints procedure was on display in the entrance to home and all complaints and concerns were responded to. We saw there had been one complaint which had been responded to and the person was aware of the outcome.

At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this.

## Is the service well-led?

### Our findings

This was the first inspection of this service under the new provider. People felt they had been consulted about the changes made in the home and were pleased about these. People who used the service knew the registered manager by name and felt that they were approachable with any problems. The registered manager knew about people's needs, personal circumstances and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

The registered manager and senior staff worked alongside staff to promote good practice and so that any areas of concern could be quickly resolved. There were regular staff meetings held to discuss any issues arising in the home, improvements and plan future improvements. The registered manager had reviewed how staff could develop further skills and become champions in different areas of care. They received regular supervision to review how they worked and this also identified their skills and where they needed support. Staff competency checks were also completed that ensured staff were providing care and support effectively and safely.

The staff felt the registered manager gave clear direction to them and they were supported and valued. Staff told us that the registered manager and management team was approachable and that they could talk to them at any time. They said they were always open to suggestions and that they listened to everybody and always provided them with opportunities for improvement. Staff told us they had a good understanding of their role and responsibilities and were happy and motivated to provide support and care. One member of staff told us, "You feel appreciated here and have a lot of support and I look forward to seeing the continued improvements over the next few years."

The registered manager actively sought people's views both in meetings and informally, and people felt that their suggestions were appreciated and encouraged. A satisfaction survey had been completed to help to identify whether people were happy with the care and the improvements made within the service. The completed surveys were analysed and a report produced. The main areas where people felt improvements could be made were communication and sharing information with relatives. People commented that they wanted to be able to share compliments more easily about staff and wanted to know more information about the home. The provider recognised how they needed to improve and as a result a new handbook has been designed. This gave people information about the service and these could be provided in a digital format, audio and large print. The findings of the survey were shared with people and a copy of the outcome was displayed in an easy read format. This showed that people and their relatives could positively influence the service provided. Relatives of people who used the service told us that they would recommend this service.

The registered manager had considered how they could learn and implement practices to enhance people's care. This included working in partnership with local nursing teams. The staff explained that they had recently been advised on how to dress minor injuries until a district nurse was able to arrive. The registered manager also commented "The meetings we go to are good for networking and learning from each other too and I find this valuable."

The provider carried out quality checks on how the service was managed. These included checks on personal support plans, medicines management, health and safety and care records. For example, we saw that checks had been completed on equipment to support people to move and how infection control standards were managed. An accident and incident audit had been developed to help to identify trends and themes. This could be analysed from the point of view of each person, the time of the incident, where this occurred, and whether hospital treatment was needed. The staff told us that this could help to recognise if there were areas of risk in parts of the home or at different times of day and easily identified themes and trends. Where any concerns were identified, action was taken to ensure people were safe.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.