

Wellfield and Henley House Limited

Wellfield

Inspection report

200 Whalley Road
Accrington
Lancashire
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Wellfield is a residential care home that at the time of inspection was providing accommodation and personal care to 22 people aged 65 and over. The service can support up to 29 people. Accommodation is provided in one double bedroom and the remainder in single bedrooms over two floors. Most of the rooms have bathroom facilities. The home is located in Accrington in Lancashire.

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

People told us they were well cared for and felt safe in the home. They also told us staff treated them with dignity and were respectful. Our observations supported these views. Staff had been safely recruited.

People received their medicines as prescribed, and were happy with the support they received. Care plans contained information on people's health and communication needs as well as their family background, religious needs and social interests. The provider had systems to assess and monitor people's health and nutritional needs.

Staff encouraged people to be as independent as possible. People felt listened to and confident to raise any issues. We saw that where concerns had been raised, the registered manager had acted to resolve the matters. Activities were available for people to participate in if they wished.

The home had received one complaint since the last inspection. This had been handled appropriately. We noted minor issues within the home were dealt with prior to becoming complaints.

There were systems to ensure staff documented any accidents or incidents which had taken place and there was learning from these incidents. Staff had completed safeguarding training and knew the correct action to take to protect people from the risk of abuse.

Staff told us they felt well supported and received regular supervision during which they were able to discuss their professional development. The registered manager had systems to assess and monitor the quality of the service.

Professional visitors spoke highly of the home and how the staff supported people with a variety of conditions. They were complimentary around how well the registered manager and staff worked with health care professionals to achieve effective outcomes.

The interior of the home was clean and free from malodour. The environment was safe and equipment had been regularly serviced and checked to ensure it was safe to use.

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

Rating at last inspection

The last rating for this service was requires improvement (published 3 December 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wellfield

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience. The second inspector attended the home on the second day. 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

Wellfield 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.

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

Notice of inspection

The first day of this inspection was unannounced.

What we did before the inspection

We reviewed all the information we held about the service. We checked for feedback we received from members of the public, health care professionals and local authorities.

We asked the service to complete 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 used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and four relatives. We completed checks of the premises and observed staff interacting with people in communal areas of the service. We spoke with a total of five members of staff. These were the registered manager, activities coordinator, two deputy managers and two members of the care staff. We also spoke with three visiting health care professionals.

We reviewed a range of records relating to the way the service was run. These included four people's care and medicines records, four staff recruitment files, minutes from meetings, audits and checks completed in the service and a sample of policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- Safe recruitment procedures were followed. At the last inspection we found all required pre-recruitment check had not been made and made a recommendation about updating procedures to reflect compliance with legislation.
- At this inspection, we found processes had improved. We were satisfied all required checks had been made before staff started work. However, there were some missing records around checks when a member of staff had been out of work for a significant period. Records of all other checks, such as those into identity and criminal records, were present.
- We raised this with the registered manager who ensured staff files were complete. With this, we were satisfied the required checks had been made and the issue was one around recording. There was no evidence that anyone had been harmed as a result of the omission.
- We observed a good staff presence and received positive responses from people in relation to staffing levels. A person said, "I am happy that there are sufficient staff."

Using medicines safely

- Medicines were managed safely. People confirmed they received their medicines when they should. Medicines were recorded within people's medication administration records. This meant the registered manager had oversight of medicines people took and ensured they were administered in line with the prescriber's instructions.
- At the last inspection we noted the service was not consistent around practices with the management of medicines and a recommendation about this had been made. At this inspection, we noted improvements in this area. For example, although the service continued not to provide 'homely remedies', this had been approved by a GP and there was an individualised system in place that would account for someone needing, for example, pain relief.
- Medicines were administered by staff who had completed relevant training to administer them safely. One person said, "The medication rounds are good and professional and everything is correct."

Preventing and controlling infection

- The provider had safe and effective infection control procedures. We noted the home was clean but on occasions saw staff did not clean up quickly and this could give the impression of untidiness. For example, staff were slow to completely clean a dining area after use and left a piece of equipment in a communal area when it should have been returned to a person's room. The registered manager said staff would be reminded of the need to clean up in a timely way.
- Personal protective equipment such as aprons and gloves were available around the building. We saw staff make use of these to ensure correct practices were followed to reduce the risk of infection. The kitchen

and food preparation areas were in the process of complete refurbishment and most equipment had been replaced with the latest models, many of which had been purpose designed for use in a care home environment.

- Staff received training and regular audits were undertaken to ensure standards were maintained. Discussion with staff confirmed this and meant people were protected from the risks of poor infection control.
- People's views on the cleanliness of the home were mixed. For example one person said, "In terms of cleanliness, I think there is room for some improvement, because food is sometimes left around." However, another said, "I feel that it's been a very good standard of care generally and it's clean here."

Systems and processes to safeguard people from the risk of abuse

- The provider/registered manager protected people from the risk of abuse and their human rights were respected and upheld. Care practices were safe and people told us they received safe care. One person said, "I feel that the care is safe. None of my family have had any concerns."
- Safeguarding procedures were followed and staff had a good understanding of what to do to ensure people were protected from abuse. Staff told us training around this was provided and updated. One staff member commented, "The manager is hot on protecting people and all staff have a similar attitude." A person said, "I feel very safe and I've not seen any bullying at all. I don't think the manager would tolerate anything like that."

Assessing risk, safety monitoring and management

- The registered manager and deputies assessed risks to people's safety and acted on these to ensure people were safe. The assessments provided information for staff about people's risks and how best to support them to reduce risk. They included helpful information about mobility, falls prevention and administration of medicines. These were regularly reviewed.
- We noted staff were attentive to people's safety and wellbeing. A healthcare professional said, "The staff have been monitoring a patient this morning and called us in properly. They are good at managing conditions. I have no concerns."

Learning lessons when things go wrong

- Systems were in place to record and review accidents and incidents. The registered manager and deputies regularly reviewed accidents and incidents and put actions in place to help minimise the chance of reoccurrence. For example, on one occasion, after discharge from hospital, additional precautions were put in place for one person to prevent health issues deteriorating to avoid emergency intervention.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The registered manager and deputies completed comprehensive assessments to ensure people's needs could be met and a care plan developed. Care records contained details about people's care needs, their ability to help themselves and what support was required. These were regularly reviewed and updated where required. Records we looked at confirmed this.
- We saw evidence the registered manager was referencing current legislation, standards and 'best practice' to achieve effective outcomes. For example, they followed the 'Gold Standard Framework' which is a model of good practice in the care of people nearing the end of their lives. This demonstrated the provider supported people to receive effective, safe and appropriate care that met their needs.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and carried out their roles effectively. People told us they felt comfortable and confident staff had the skills and expertise to support them with their care needs. A relative said, "I firmly believe that staff have all the skills and experience for my relative's needs."
- Staff confirmed they had received training that was relevant to their role and enhanced their skills. They completed a thorough induction programme after they had been employed and before they started their duties. In May 2019, the registered manager had realised that some staff members were behind with completion of some areas of essential training. They had put systems in place to ensure compliance was achieved by July 2019.
- Staff told us they felt supported by the management team and received regular supervision and appraisal of their work.

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

- The provider managed people's nutritional needs to ensure they received a balanced diet and sufficient fluids to keep them hydrated. Where concerns had been identified regarding people's food and fluid intake, appropriate action had been taken. This included implementing food and fluid charts to record the amount of food and fluid consumed by people deemed to be at risk. A healthcare professional told us they found the charts useful.
- At the last inspection, we were concerned about a lack of choice at mealtimes. At this inspection we received positive comments about the quality of food and the amount of choice. One person said, "There are excellent meals here with plenty of vegetables, fresh meat and lots of choice. They will always make alternatives, if needed."
- A relative, whose family member was unwell, "The food is excellent here, but [family member] started to

refuse food. He's eating very little. Staff have been really good and bring alternatives. For example, they recently made some soup specially for him, even though he only had a spoonful or two."

- We observed the lunch-time arrangements in the main dining room. It was organised, well managed and provided a relaxed occasion for people to enjoy their meal. People were supported with their meals where appropriate.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked effectively with healthcare professionals to ensure people's healthcare needs were met. We saw the management team worked closely with health care services including GPs, and district nurses. A health professional was positive about the home. They told us how well the registered manager and staff worked with them to ensure people received the right care and support.

- People confirmed they were supported to attend healthcare appointments when required. A relative said, "I think that the staff have been wonderful, and they all work well together. They have always kept us informed of all professional visits, which we feel have all been carried out in a timely way."

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

- Accommodation was accessible, safe, homely and suitable for people's needs. Bathrooms could accommodate people who required support with moving and transferring and the use of specialist equipment.

- People's bedrooms were personalised. One person said, "I can decorate my room how I want. I've just put a new picture up."

- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers and other devices to connect to the internet and communicate with family and friends. Where required, people were supported by staff around the use of this equipment.

Supporting people to live healthier lives, access healthcare services and support

- People experienced effective, safe and appropriate healthcare support which met their needs. People spoke positively about the way the staff and management team had improved their quality of life and ensured all healthcare appointments were met. One person said, "Staff are quite attentive. They will do things for me, for example they'll get me extra drinks if I want them. They will contact the GP, district nurses, opticians and the local dentist for me."

- A visiting healthcare professional told us staff responded quickly and appropriately to any issues they encountered. They said, "Staff and management are really good. We have an excellent working relationship."

- Care records confirmed visits to and from GPs and other healthcare professionals had been recorded. The records were informative and documented the reason for the visit and the outcome.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

- People told us staff asked for their consent before supporting them. Care records contained consent to care documentation and, where appropriate, was signed by the person receiving care. Where appropriate, relatives were involved. One person said, "Most of the staff ask for permission before providing care, but they're all always courteous."
- The registered manager managed the DoLS process effectively and staff had received relevant training.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well supported and cared for. People and their relatives were positive about all staff members' and registered manager's caring attitudes. One person said, "The two carers always close doors and cover me with towels appropriately when I'm in the bath. No one else comes into the bathroom." A relative said, "Staff are kind and caring and they're also jolly with it. You don't feel downhearted here. They treat me and my relative with respect and take notice."
- People told us staff knew their preferences and used this knowledge to care for them in the way they liked. Each person had their life history recorded in care plans which staff said they used to get to know people and build positive relationships. One relative said, "They all know my relative well. They not only listen but we can all have a good laugh together."
- We observed positive interactions between people, relatives and management and staff. One relative told us they visited regularly and was made to feel welcome by staff. They said, "They [staff] have always been lovely when I have visited. I feel welcomed here and can go off and make a brew or sandwich if the staff are busy. Home from home."

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

- People were supported to make decisions about their care. One person said, "I'm a very independent and strong-minded person and can get around the home whenever I want and am supported to do what I want to do."
- People had choice and control in their day to day lives. One person said, "We have meetings when we can tell management what we think. In the main they listen to us and things change. Between meetings, the manager will ask for views and always listens and changes things."
- When people could not make day-to-day decisions, if required, the registered manager could provide information to people about advocacy services. This meant people had someone who could speak up on their behalf if other supporters, such as relatives were unavailable.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was supported. Management and staff treated people well and understood their needs. Staff showed genuine concern for people. When we spoke with staff members, they said they were keen to ensure people's rights were upheld and they were not discriminated against in any way.
- One person had expressed a preference to clean their own room. The provider fully supported this practice. The person said, "In terms of independence, I like to do housework here. I like cleaning up my room. I only do what I want to do, and no one pressurises me to do anything." This approach is important to

some people and helps to promote independence.

- Relatives told us staff members were always available to speak about their family member. One said, "Staff are always available. The manager makes a fuss of people and it's clear she has the best interests of her residents at heart." We noted confidential documents were locked away with only authorised staff having access to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- The registered manager and deputies ensured care plans were person centred, up to date and reviewed regularly. They were well written and contained information about people's daily routines and specific care and support needs. Staff knew people's needs and preferences and were responsive to their changing needs.
- At the last inspection, we made a recommendation about some practices that were not person centred particularly around a regime of bathing times. At this inspection, people told us they could request a bath whenever they wanted and there was flexibility around any item that required support of staff. We noted after the last inspection, the registered manager had held a resident's meeting where issues such as bathing times and people's preferences were discussed.
- People were supported by staff to participate in activities which were meaningful to them. People were positive about the support and encouragement they received around this. One person said, "I really enjoy the exercises when the activities coordinator comes in. I enjoy reading and have an enquiring mind. I play cards and enjoy singing and dancing. I will have a go at anything they put on." A relative said, "Although my relative doesn't participate in activities, the activities coordinator has really helped us. She has 'healing hands'. It seems to be a mixture of Reiki and massage techniques that she uses. It seems very effective."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider met people's communication needs. The registered manager or deputies assessed people's communication needs and recorded this information as part of the initial assessment and care planning process. The registered manager gave us examples of how information could be provided to people in different formats to enable them to engage with staff and other professionals.

Improving care quality in response to complaints or concerns

- People knew how to complain. People told us if they had any concerns they would speak to staff directly. They complemented the registered manager as being able to sort out most minor issues alleviating the need to raise a formal complaint.
- People were given a copy of the provider's complaints policy when they moved into the home. This

contained clear information about how to raise any concerns and how they would be managed.

- The service had received one formal complaint since the last inspection in 2018. This had been handled appropriately and the complaint had received a response with detail of the investigation and outcome. We noted that although records existed that supported the provider's policy on complaints had been followed, the registered manager did not always write to the complainant with confirmation of the nature of the complaint and outcome. The registered manager said policy would be changed to stress the importance of confirming actions in writing.

End of life care and support

- The provider had a comprehensive end of life care and support policy. At the time of the inspection, one person was receiving end of life support. A relative said, "I honestly can't praise them enough. They're wonderful. We were asked in here two weeks ago by the manager for a quiet chat because our relative was obviously going downhill. She felt that it was the right time, having discussed it with us and health care professionals."
- The registered manager said in the event people required end of life support, the service would work with them, their relatives and health care professionals to ensure people's needs and wishes were met. They said specialist training around this important area of support had been provided to most members of staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to ensure there were robust governance arrangements and this led to us making a series of recommendations within the report around recruitment, medicines management and person centred support. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of Regulation 17.

- The registered manager, deputies and staff understood the primary aim of the service was to deliver the best possible care and support to people. Where appropriate, the registered manager completed regulatory notifications to CQC so that oversight could be provided on any issues such as significant events that may occur.
- There were systems to monitor the quality and safety of the service. The registered manager and deputies provided monthly audits to the local authority around essential areas of care and support. They said this allowed them review care and support needs and monitor staff performance such as training. It was as a result of these audits that an area of non-compliance around training was seen and to which the registered manager had taken action to resolve. This has been covered in more detail in the 'effective' part of this report.
- There were other checks that monitored quality and safety in the service. These included fire safety checks and audits of the environment. On one of the checks, the registered manager had seen that doors were not fitting correctly and a maintenance contractor was employed to resolve the matter within three days.
- Staff told us they understood their roles and responsibilities. The provider had policies and procedures to support staff in their work. There was an on-call system that provided support to staff out of the normal hours of work such as at night. One staff member said, "We always have support on hand. If not the manager, then one of her deputies."

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

- The registered manager, deputies and staff members were committed to providing high-quality care which reflected the preferences of people living in the home.

- The registered manager had developed a clear vision and strategy for the service. They led by example and the deputies and staff members were encouraged in this practice and supported in their roles.
- Staff said that people living in the home were at the heart of support and care arrangements and this was encouraged by the registered manager and deputies.
- We observed positive interaction between the registered manager, deputies and staff. It was also respectful of each others position and centred around doing the best for people they supported. A person said, "The manager is hands-on and I must admit that, initially, I didn't realise she was the manager. She leads by example and they [the staff] follow suit and all seem approachable. It's all well organised and I would recommend them."

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 registered manager told us they were always honest with people if things went wrong and made the necessary referrals to the local authority safeguarding team. There was a policy to inform staff of the action to take if something went wrong with a person's care.
- We noted a case where an accident had happened and how the registered manager had engaged with the person and family. The contact was open and fully inclusive around the concerns and outcome.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's feedback was sought regularly and acted upon. This included daily informal contact with management and more formal pre-arranged meetings. People were also provided with feedback questionnaires and the uptake of completion of these was high. One person said, "Last week there was a residents' meeting that I couldn't make. They gave me a questionnaire afterwards to fill in instead."
- Staff had opportunities to provide feedback via supervisions and at meetings. A staff member told us they were able to raise issues at any time and the registered manager and deputies were receptive to suggestions about how to improve the service.

Working in partnership with others

- The service had developed good links and working arrangements with health and social care professionals. We also noted the service was working well with relatives in support of people who may need assistance with communication or who may be very poorly. A relative said, "The service has worked well with me and specialists and it is hoped my relative will be transferred to a new service soon because their condition has improved. We have the staff and management to thank for that."