Wellfield and Henley House Limited

Wellfield

Inspection report

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Date of inspection visit:
09 August 2017
10 August 2017

Date of publication:
14 September 2017

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 9 and 10 August 2017 and was unannounced. Wellfield provides accommodation and personal care for up to 29 older people. At the time of our visit 23 people were living there. At the last inspection on 6 May 2015, the service was rated 'Good'. At this inspection we found the service remained 'Good' but that improvements were required in the way the service dealt with complaints. This has resulted in a breach of legal requirements. You can see what action we told the provider to take at the back of the full version of the report.

The service had a registered manager who was also the provider. 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.

We found the provider had safeguarding adult's procedures in place and staff had a clear understanding of these procedures. Staff had access to a whistle-blowing procedure and said they would use it if they needed to. Appropriate recruitment checks were carried out before staff started working at the home and there were enough staff to meet people's needs. Risks to people using the service were assessed, reviewed and managed appropriately. People received their medicines as prescribed by health care professionals.

All staff had completed mandatory training in line with the provider's policy; they were receiving regular formal supervision and, where appropriate, an annual appraisal of their work performance. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and acted in accordance with this legislation. People were being supported to have a balanced diet and they had access to health care professionals when they needed them.

Staff had a good understanding of people's care and support needs. They knew people well and had developed positive caring relationships with them. The environment was designed and adapted to meet people's individual needs. People using the service and their relatives, where appropriate, had been consulted about their care and support needs. They were also provided with appropriate information about the home in the form of a service user guide. People's privacy and dignity were respected.

People's care plans and risk assessments provided guidance for staff on how to support them with their needs. Where people's needs had changed, their care records were being updated to reflect the changes. There was a wide range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be investigated and action taken if necessary. However, the service was not recording some issues that amounted to complaints and as such improvements are required in this area.

There were appropriate arrangements in place for monitoring the quality of the service that people received. The provider took into account the views of people using the service and relatives through meetings and

surveys. The registered manager carried out unannounced visits to the home to make sure people where receiving appropriate care and support. Staff said they enjoyed working at the home and they received good support from the registered manager and senior staff.

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.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

There were enough staff to meet people's needs.

Appropriate recruitment checks took place before staff started work.

Procedures were in place to support people where risks to their health and welfare had been identified.

People were receiving their medicines as prescribed by health care professionals.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The registered manager, unit managers and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and acted in accordance with this legislation.

There were arrangements in place to ensure that people were receiving sufficient food and fluids to meet their needs, in line with the guidance in their care plans.

People had access to a GP and other health care professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's care and support needs.

People's privacy and dignity was respected.

People using the service and their relatives, where appropriate, had been consulted about their care and support needs.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Although people said that they knew of the home's complaint's procedure, some concerns were not recorded and acted upon.

People's needs were assessed, and care and treatment was planned and delivered in line with their individual care plans.

People were provided with a range of appropriate activities.

Is the service well-led?

Good

The service was well-led.

There were arrangements in place for monitoring the quality of the service that people received.

The provider took into account the views of people using the service about the quality of care provided at the home through residents meetings and surveys.

The provider carried out unannounced visits to the home to make sure people where receiving appropriate care and support.

Staff said they enjoyed working at the home and they received good support from the registered manager and senior staff.

There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

Wellfield

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 was 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 unannounced inspection was carried out on 9 and 10 August 2017. The inspection team on the first day consisted of one inspector and on the second day the same inspector made phone calls and spoke with relatives and health care professionals.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events that the service is required by law to send us.

We spent time observing the care and support being delivered. We spoke with eight people using the service, two people's visiting family members/friends, the registered manager, the deputy manager, four carers and the activities coordinators. We also spoke with health and social care professionals who visited people at the home. We looked at records relating to the management of the home including the care records of five people using the service, medicine's records, staff training, supervision and recruitment records, and the home's systems for monitoring and improving the quality and safety of the services provided to people.

We also undertook general observations throughout our visit, observed a medicine's round and a lunchtime service in the dining room.

Good

Is the service safe?

Our findings

At our comprehensive inspection on 6 May 2015 we found that some plans relating to people's care were not reviewed and updated with input from relatives and health care professionals. We recommended that the service take action to make sure risks to people were kept under review.

At this inspection we found that improvements had been made in these areas. We considered five people's care plans and noted that they had been reviewed at least every month and contained information from relatives and health care professionals. We saw that when input was received, risk and care assessments were updated. This meant that carers were aware of people's current needs and how best to support them. A health care professional said, "There has been an improvement in the way the home receive and act on the information and advice I provide."

Action had been taken to support people where risks to them had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, choking, nutritional needs, moving and handling and skin integrity. For example, where people had been assessed as at risk, we saw advice had been received from appropriate health care professionals and their care plans included details of the support they needed from staff to ensure they could eat and drink safely.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire, and we saw records confirming that regular fire drills were carried out at the home and that all staff had completed training on fire safety. The Fire Service had inspected the home in April 2017 when they advised that the home was safe but advised that some issues should be addressed to further improve safety. The registered manager told us that a maintenance contractor was in the process of completing these suggestions for improvement.

People using the service told us they felt safe and that staff treated them well. One person said, "I feel safer living here than I did at home. I am well cared for." A relative said, "The staff know how to look after my relative and keep them safe."

The home had a policy for safeguarding adults from abuse. The registered manager was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The registered manager said the staff team had received training on safeguarding adults from abuse, which was refreshed annually. Training records we saw confirmed this. We saw copies of the provider's whistle-blowing policy (reporting poor practice). Staff told us they were aware of the whistle-blowing procedure and they would use it if they needed to.

At the time of this inspection we became aware of a safeguarding concern that was to be investigated by the local authority. We cannot report on the investigation at the time of drafting this report but the CQC will monitor the outcome and any actions the provider takes to ensure people are safe.

There were sufficient staff available to meet people's care and support needs. We observed a good staff presence and staff were attentive to people's needs. One person using the service said, "I think there is always enough staff around. I can't complain." A relative told us, "When I visit there are enough staff about." The registered manager showed us a staffing rota and told us that they carried out an assessment of people's dependency needs each month to determine the number of staff required. If people's needs changed additional staff cover was arranged.

Appropriate recruitment checks took place before staff started work. We looked at the recruitment records of five members of staff and found completed application forms that included their full employment history and explanations for any breaks in employment, two employment references, health declarations, a recent photograph, proof of identification and evidence that criminal record checks had been carried out. This ensured that suitable people employed to look after and support people.

We observed a medicine's round on the first day of the inspection and noted that senior carers administered medicines to people using the service. We saw records confirming that these staff had received training on medicines administration. Staff told us medicines administration processes were reviewed annually and staff were checked for their competency in administering medicine. Medicines administration record (MAR) charts were up to date and there were no gaps in administration. One member of staff told us, "I receive training on administering medicines and am checked on an annual basis."

We checked medicines storage, MAR charts and medicines supplies for people using the service. All medicines were stored securely in locked cabinets within a locked clinical room. The room where medicines were stored was clean. Medicines received from pharmacy were recorded on people's MARs and medicine stocks reconciled accurately with the information they contained. People's MARs included a picture of each person to help staff identify people and reduce the risk of medicine misadministration. Some people were prescribed medicines to be taken as needed or as required for pain and these were also marked on the MARs. The MARs indicated that people were receiving their medicines as prescribed by health care professionals.

Good

Is the service effective?

Our findings

People said staff were well trained. One person told us, "The staff seem well trained and know what they are doing." A relative said, "I am reassured that my relative is in safe hands with competent staff." A health care professional said, "The senior staff are very experienced and spot problems quickly. They comply with advice we provide."

Staff told us they had completed an induction when they started work and they were up to date with the provider's mandatory training. We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.

Training records showed that staff had completed training in areas including safeguarding adults, food hygiene, fire safety, first aid, health and safety, moving and handling, equality and diversity, the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We noted that staff received refresher training in these areas on a regular basis. Staff also received training relevant to the needs of people using the service for example dementia awareness, nutrition and supporting people to eat and drink in a dignified manner, managing challenging behaviour and end of life care. Senior staff had received training in the safe administration of medicines. Staff told us the training they received helped them effectively carry out their roles and responsibilities. One member of staff told us, "The training is good. Recently I've attended training courses on moving and handling and safeguarding."

People were cared for by staff who were supported in their roles by the registered manager and senior staff. Records indicated staff attended individual supervision meetings with their line manager once every three months and had their overall work performance appraised annually. Staff told us they felt they received all the support they needed from the registered manager and senior staff. One member of staff said, "We all get supervised and we meet regularly to share ideas and concerns." Another said, "The manager's always about and is very approachable."

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 home was working within the principles of the MCA. The registered manager demonstrated a good understanding of the MCA and DoLS. They said that people using the service had capacity to make most decisions about their own care and treatment. We saw that capacity assessments had been completed for specific decisions and retained in people's care files. Where the registered manager

had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and any relevant health and social care professionals in making decisions for them in their 'best interests'. This is in line with the MCA.

At the time of the inspection the home had not made any applications to deprive people of their liberty for their own safety. The registered manager said, "We keep our DoLS situation under review and monitor the situation regularly taking account of input from family and GP's."

Staff were also aware of the importance of seeking consent from people when offering them support and during the inspection we saw that staff asked people's permission before providing support. One member of staff told us, "I ask before doing anything and would not do anything unless the person agreed."

People were provided with sufficient amounts of nutritional food and drink to meet their needs. People told us the food they were offered at the home was "good" and that they were always given a choice at mealtimes. One person said, "The food is good. I had roast beef and Yorkshire pudding and it was lovely." Another person told us, "The food is just like home made and we can ask for something different if there's nothing that I like." We observed how people were being cared for at lunchtime. No one required physical support with eating and all ate independently. Staff did provide verbal support, encouraged people appropriately and the atmosphere in the dining room was relaxed and not rushed.

People's care plans included assessments of their dietary needs and preferences which included details of any food allergies and their care and support needs in maintaining a balanced diet. We saw that records were kept of people's fluid and dietary intake when they had been assessed as being at risk of malnutrition or dehydration. A member of staff told us that these records were reviewed by health care professionals who provided guidance on how to support people to meet their nutritional needs. Where required, referrals had been made to health care professionals following changes to people's dietary intake or weight loss.

The service remained effective in supporting people to access healthcare services they needed. A relative told us, "My relative gets to see their doctors regularly and is supported to go to appointments when we are not available." Record showed that a range of healthcare professionals such as G.P's, district nurses, dentists and chiropodists were involved in the care and treatment of people at the home. Professionals we contacted told us that the service worked well with them to look after people and implemented any recommendations that were made. One said, "I observe good care here and I always get good information when I visit."

People told us Wellfield was a comfortable place to live. One person said, "The atmosphere is always nice and relaxed in the home and we can do what we want." A person's relative told us, "We can hang up pictures and photographs in my relative's room to make it homely." We saw people's bedrooms were personalised and included all manner of possessions people had brought with them including, family photographs, pictures and ornaments.

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "The staff are fantastic and are kind and considerate." Another person said, "I really like living here. This is my home." A relative said, "The staff are kind and when I visit are cheerful and always act professionally."

People received the support they wanted as they approached the end of their life. The home participated in the 'Six Steps to Success' end of life care program. This is a nationally recognised end of life package of care and we noted that a number of members of staff had received training in the program. The registered manager said, "We take end of life support and care very seriously here and try our very best to be supportive of residents and their relatives." A health care professional said, "The staff and manager are very good at supporting people and their family members towards the end of life." During the inspection we saw that the registered manager and staff had received compliments from bereaved relatives about the care and support they had provided.

We noted that some care files contained people's decisions around Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR). A DNACPR decision form in itself is not legally binding. The form should be regarded as an advance clinical assessment and decision, recorded to guide immediate clinical decision-making in the event of a patient's cardiorespiratory arrest or death. However the process for completion must be correct otherwise the form can be deemed invalid. The final decision regarding whether or not attempting CPR is clinically appropriate and lawful rests with the healthcare professionals responsible for the patient's immediate care at that time. We saw that these forms had been completed with input from relatives, where appropriate, and the person's GP.

Staff treated people with respect. People looked at ease and comfortable in the presence of staff and we saw they were supported in a caring way. Conversations between staff and people living at the home were respectful, warm and compassionate. We also saw staff communicating appropriately with people in a manner they understood and with a light-heartedness that was appreciated by people we observed. Staff knew people well and understood subtle changes in their non-verbal communication that allowed them to anticipate people's needs. For example, staff described to us how they knew from people's actions that they needed support or wanted a drink.

Staff ensured people's right to privacy and dignity were upheld. People told us staff were respectful and always mindful of their privacy. One person told us, "The staff are respectful and they take their time with me." The registered manager told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. A member of staff said, "Maintaining people's privacy and dignity is very important part of our job."

People using the service and their relatives had access to an information pack that included information about the home. This included the complaints procedure and the services they provided and ensured people were aware of the standard of care they should expect. The registered manager told us this was given to people and their relatives when they moved into the home.

Requires Improvement

Is the service responsive?

Our findings

People told us they were happy with the care they received. A relative told us, "We are happy with the care and support our relative receives and this support seems to be individualised." Another relative said the care given to people seemed person centred. A member of staff said, "We all look at the residents as individuals and give people person-centred care."

During the inspection we asked the registered manager of how many complaints had been received since the last inspection on 6 May 2015. We were told that the home had not received any complaints during this period. However, during the inspection we received concerning information from relatives of a person living at the home in relation to historic issues involving alleged poor care and support. We reviewed records of contact the relatives had with the registered manager and senior staff about these matters. These contacts amounted to complaints about the care and support a person was receiving at the home and had not been recognised by the home as complaints and acted upon consistent with the home's policy.

The registered manager said, "Because the issues weren't raised in writing I dealt with them on an informal basis and didn't regard them as formal complaints. We did however deal with the matters and thought everything had been resolved."

These concerns are a breach of Regulation 16 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People's care and support needs were assessed when they moved into the home. A senior carer told us that care plans were developed using the assessment information and were completed within the person's first few days of admission to the home. People's care plans included details of their preferences, their history and their diverse needs. They described the support people required from staff, for example, with their communication methods, mobility needs, eating and drinking, and personal care.

People using the service and their relatives had been involved in the care planning process. A relative told us, "I was involved extensively in setting up the care plan and am kept informed of developments." A health care professional said, "Staff provide safe and effective care. Any issues are rectified quickly and with my particular patient, I am involved in planning and revising their care plan."

We saw people's health needs were monitored by staff to ensure the support they received was appropriate. For example people were regularly weighed and we saw people had daily fluid and dietary charts in place where risk assessments had identified additional monitoring was required. Staff told us they completed these on a daily basis and they would escalate concerns to the registered manager or the deputies if a person did not eat or drink during the day. We observed that people throughout the day had access to drinks that we found available near to where people were sitting. All of the care plans and risk assessments we looked at were reviewed and updated at least monthly and reflected any changing needs.

Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race and religion and supported people appropriately. One member of staff said, "I am aware of sensitivities involving race and gender and always act as I would want a carer to act if I was receiving care and support."

People were supported to pursue activities and interests that were important to them. They told us they had enough opportunities to engage in meaningful activities. We noted that at the time of the inspection the home was planning a fun day for the following week that would involve residents and their relatives. We saw arrangements were in place for the hire of a tent and that a mini fun fair was to be located in the garden of the home.

The activities coordinator told us that they worked every afternoon but split their time between Wellfield and another home owned by the provider. They said, "I am supported by the manager to provide activities and any suggestions I have for different things are always welcomed. Last week we had an Elvis impersonator that was well received by the residents." We saw that staff engaged with everyone who lived in the home including those who preferred to stay in their rooms. People using the service said staff informed them about the activities taking place and occasionally provided them with one to one activities if they did not wish to take part in the group activities held in the main communal areas.

Feedback we received from people using the service and their relatives included, "We are preparing for a 'bake-off' next we which is exciting", "Sometimes we get a lift into the town centre to shop" and, "We recently went to a café near Pendle Hill and there's usually something going on in the home."

Good

Is the service well-led?

Our findings

People using the service and their relatives spoke positively about the staff and the registered manager. One person using the service said, "The place is well run and the manager keeps on top of things." Another said, "We regularly see the manager and can always approach them with any issues." A relative told us, "I have good contact with the manager. She is very approachable and always listens to what I have to say."

The service had a registered manager in post. The registered manager had managed the home since it opened and knew the staff and the people who lived there well. She told us that her ethos was one of high standards of care and support in a homely environment. She said that she was always about at the home and this allowed her to monitor the culture of the service and made sure staff worked in a person-centred way. For example, she spoke with people every day and made sure staff had supported them with personal care. She also explained she reported any incidents or concerns to people's families and others who were involved with them to help promote openness and transparency. During the inspection we considered the home's incident and accident records and saw that all of the incidents had been reported to family members where available. We also noted that, where appropriate, changes had been made to care plans to reflect a concern or changes in a person's abilities.

All of the staff we spoke with told us the registered manager and her deputies were approachable and supportive. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it. Staff told us that high standards of practice and conduct were expected by the registered manager and described the home as being a good place to work because they were being supported to achieve good outcomes for people. One member of staff said, "I like working here. It's like a second home." Another said, "I'm proud of working here and the work we do, especially around end of life care." Another said, "The management team is supportive and staff can always talk to them."

There were regular meetings with staff to keep carers up-to-date with any changes and to reinforce the values of the organisation. Minutes from a meeting in May 2017 supported that there was discussion about the changing conditions of people where their health condition had deteriorated and required referral to a specialist. There was also reference to procedural changes in order to assist ambulance services in the event of an emergency.

There were appropriate arrangements in place for monitoring the quality of the service that people received. For example, we saw audits had been conducted in areas including people's care files, health and safety, accidents and incidents. Action had been taken to address issues where they had been identified. For example following a recent kitchen audit the registered manager purchased a new piece of equipment. We also saw a record from an unannounced night-time visit carried out at the home by the provider in June 2017. The registered manager told us she carried out these unannounced checks to make sure people were receiving appropriate care and support.

The home's maintenance records confirmed that equipment such as hoists, wheelchairs, call bells, the lift

and fire equipment were routinely serviced and maintained to reduce possible risks to people. Checks were also made on the safety of the premises in areas including legionella, and electrical and gas installation safety. We noted that the kitchen was clean and had been awarded a four star food hygiene rating by the local authority.

The provider took into account the views of people using the service and their relatives through surveys, and residents and relatives meetings. Surveys were carried out with residents and relatives biannually and the results were analysed and recommendations made from the feedback to improve the quality of the service. Minutes from the last residents meeting held in February 2017 indicated it was well attended. Items discussed at the meeting included preference for meals and suggestions for activities. A relative told us, "I think it's important to have the residents meetings. I am encouraged to attend but struggle because of work. My relative tells me about them afterwards and I know values the opportunity to raise matters."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints The provider was not treating, responding to or acting on concerns that amounted to complaints consistent with its policy.