

Ripon Stourport Care Limited

# The Wharf Care Centre

## Inspection report

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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

The Wharf Care Centre is a care home providing accommodation, personal and nursing care and treatment of disease, disorder or injury to up to 67 people. The service provides support to older and younger people who may live with dementia, physical disability, sensory or mental health support needs. At the time of our inspection there were 49 people using the service.

The Wharf Care Centre accommodates people in one adapted building.

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

People's risks had been assessed and staff were provided with the information they required to promote people's safety. Staff understood what actions to take if they had any concerns for people's well-being. Where staff had not been available to undertake their planned shifts the manager and provider's representative had taken appropriate action to address this. Checks were undertaken on the suitability of staff before they commenced employment.

Staff were not allowed to administer people's medicines until they were trained to do this. The manager and provider's representative planned to introduce additional checks to ensure people received their medicines at the times they required them. Staff took action to reduce the likelihood of the spread of infections. Incidents, accidents and complaints were reviewed, and learning was taken from these.

People's needs and preferences were assessed, and relatives were consulted as part of this process. Relatives gave us examples of how staff used their skills to support their family members to maintain their physical health and mental well-being. Systems were in place to support people to have the meals they required safely.

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

People told us they valued the relationships they had built with the staff caring for them and found staff to be kind and considerate. Staff gave us examples showing how they promoted people's independence, dignity and involved them and their relatives in decisions about their care. The manager and provider's representative planned to review window treatments to further enhance people's privacy.

People's risk assessments and care plans provided staff with the guidance they needed to provide personalised care to people and were regularly reviewed.

People were supported to do interesting things which they enjoyed. The manager and provider's representative were in the process of recruiting new staff to increase the breadth of interesting things for

people to access. Systems were in place to manage and take learning from complaints and concerns received. Relatives were complimentary about the care provided to people at the end of their lives.

Relatives and staff told us the culture at the home was open and focused on the needs of the people living at the home. The registered manager and provider undertook checks on the quality and safety of the care provided and planned to develop these further.

#### Rating at last inspection

The last rating for the service was good, published on 25 November 2020.

#### Why we inspected

The inspection was prompted in part due to concerns received about people's safety when eating and staffing levels at the service. A decision was made for us to inspect and examine those risks.

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Wharf Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# The Wharf Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of two inspectors and specialist advisor on nursing on the first day of the inspection. One inspector and a specialist adviser undertook the second day of the inspection.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, a manager had been recently appointed and was in the process of applying to become registered with The Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people and four relatives. We spoke with 13 members of staff including the manager, senior care staff, care staff, domestic staff, an agency carer, a community liaison manager, an administrative staff member, two members of catering staff and a provider representative.

We reviewed a range of records. These included 10 people's care records and multiple medication records. We looked at records relating to the management of the service and the safety and quality of people's care. This included minutes of meetings, clinical audits, accidents and incident records and complaints and compliments received. We also looked at records showing us how staff were recruited and trained.

In addition, we reviewed a range of policies and procedures, such as infection control, complaints and medication.

# Is the service safe?

## Our findings

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

This is the first comprehensive inspection for this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were assisted by staff who understood how to recognise signs of any abuse and knew what action to take to protect people.
- Systems and policies had been put in place to manage and review any safeguarding concerns by the provider, should these occur.

Assessing risk, safety monitoring and management

- People's relatives told us their family member's safety was managed well and they were encouraged to make suggestions to keep them safe. One relative explained their family member lived with complex health needs. They told us staff had listened to their suggestions which had helped to improve the person's anxiety and promote their physical health.
- People's risk assessments guided staff on the most appropriate ways to support people to manage their safety. For example, detailed information on the equipment people required to stay as safe as possible.
- Staff had a good understanding of people's risks and knew what action to take to promote people's safety.
- The manager and provider had put systems in place to review people's safety needs as these changed. The reviews considered people's safety needs in the context of their wider health needs. For example, staff liaised with people's GPs to review their medicines, if people were experiencing falls.

Staffing and recruitment

- There had been some recent occasions where staff had not been available to undertake their planned shifts. The manager had sought support from agency staff to ensure people's safety needs were met.
- During the inspection we found there was enough staff to care for people and people did not have to wait long if they wanted assistance from staff. One relative told us his family member liked care to be provided by regular staff. The relative said, "They [staff] have time to have a natter and so on with [person's name] and staff do not constantly change." Another relative told us, "There's always enough staff. I only had to step out the [bedroom] door and staff are there."
- The manager undertook checks before new staff worked at the home. These included obtaining references and undertaking Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported to have their medicines by staff who had been trained to do this. One relative told us, "They [staff] know what to do with [person's name] creams." This helped to ensure their family member

continued to have good skin health.

- Checks on the competency of staff to continue to administer people's medicines were regularly undertaken, so the manager could be sure this continued to be done correctly.
- There was no evidence of harm to people, but we found some further guidance was required to support staff to administer one person's medicines at the correct time. We also found there had been occasions where records showed two people had not received their medicines at the times planned. The manager and provider's representative took immediate action to address this, to reduce risks to people further.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
  - We were assured that the provider was meeting shielding and social distancing rules.
  - We were assured that the provider was admitting people safely to the service.
  - We were assured that the provider was using PPE effectively and safely.
  - We were assured that the provider was accessing testing for people using the service and staff.
  - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
  - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. The manager planned to review where facilities for staff to don and doff their PPE was located. This would further reduce the risk of the spread of infections where staff work between different areas of the home.
  - We were assured that the provider's infection prevention and control policy was up to date.
- Staff had worked with people and their visitors to ensure people continued to receive visits safely. One relative told us, "I sign in, show my test results and I can just go and see [Person's name]".

#### Learning lessons when things go wrong

- The manager and the provider's representative reviewed any untoward incidents and considered if people required additional support to stay as safe as possible.
- Staff gave us examples showing how learning was communicated to them to reduce risks to people further; this included through shift handover and department head meetings.

# 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.

This is the first comprehensive inspection for this service. This key question has been rated 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

- People needs and preferences were assessed before they moved to the home and as their needs changed.
- Relatives told us their views and knowledge of their family member's needs were considered before they moved to The Wharf Care Centre. One relative told us this approach helped their family member to settle quickly and be less anxious.
- Another relative told us staff were skilled at making their family member at ease as soon as they moved to the home and staff began to meet their family members needs quickly. The relative said, "[Person's name] just made herself at home, they started singing as soon as they arrived. It became their home. They never asked about moving home."
- Staff told us people's assessments and initial care plans provided them with the information they needed to care for people in ways people wished.

Staff support: induction, training, skills and experience

- People's relatives told us staff knew how to care for their family members. Relatives gave us examples showing how their family member's physical and mental health had improved as staff knew how to care for them.
- Staff were positive about the support they received to develop their knowledge and skills. This helped staff to understand how to care for people safely.
- New staff were supported to provide good care to people through an induction programme. One staff member told us about their induction and said, "The training has been good, especially as I had not had training before. You can also ask team leaders and nurses."

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

- People told us they enjoyed their mealtime experiences. Relatives said their family members were positive about the choices of food and drinks offered to them. One relative told us, "[Person's name] always tell me the food was beautiful."
- Staff had considered people's preferences and health and safety needs when planning and preparing their food. The chef met regularly with people and staff so they could be sure they had the information they needed to meet people's preferences safely.
- If staff had any concerns people may not have enough to eat and drink, they monitored this. There was no evidence of harm to people, but we found some recording of fluid intake may not be accurate. The provider and manager took immediate steps to address this.
- We saw staff encouraged people to have enough to eat and drink and meals were not rushed.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care;

- Relatives told us staff were skilled at monitoring changes in their family member's health needs. One relative said, "They [staff] quickly noted [person's name] had an itchy back and got them some cream without prompting."
- The relative gave us a further example where staff had detected changes in their family member's health. Staff had liaised with their family member's GP, so they would have the medicines they needed. This had helped their family member to recover quickly.
- Staff were kept up to date with people's changing health needs through regular meetings at the start and end of each shift. This helped to ensure people's health needs continued to be met.
- Staff supported people to see other health and social care professionals including mental health teams, district nurses and diabetes nurse specialists and GPs, so people would enjoy the best health possible.

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

- People's rooms reflected what was important to them and were personalised.
- Relatives told us their family members enjoyed using the communal areas of the home, such as the cinema room, dining rooms and lounges. One relative said, "There are nice wide corridors, and a large lounge area on the first floor, it was entertaining for [person's name] and kept their spirits up."
- The provider and manager told us they would review the window treatments in the rooms overlooking the road, to further enhance people's privacy.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's relatives were consulted when decisions in their family member's best interests were made.
- Staff gave us examples showing how they took people's DoLS into account when caring for them. This included using their knowledge of what mattered to people to support them to feel less anxious by promoting safe, alternative choices.
- Systems were in place to seek and manage DoLS authorised, and any conditions attached to these, so people's rights would be promoted.

# 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.

This is the first comprehensive inspection for this service. This key question has been rated good. 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 told us the staff who cared for them were considerate and kind. One person said, "Staff are really lovely. If I was [upset], I would talk to the staff. They are kind."
- Relatives told us their family members had built strong bonds with the staff caring for them. One relative said, "The exemplary thing is the staff, they go above and beyond." The relative told us staff had swapped shifts, so they could be with their family member, to celebrate a special event. The relative said, "There's no care home with better staff."
- Another relative told us, "The staff there are so feeling towards their clients, [care provided] is very good".
- Staff valued the relationships they had built with people living at The Wharf Care Centre and were given the information they needed to understand what mattered to people.

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

- People were encouraged by staff to make their own day to day decisions about their care. This included what they wanted to eat and drink and what time they wished to be supported to get up and go to bed.
- Relatives told us staff respected the decisions their family members made, such as where they wished to spend their day, and where they wished to have their meals served and which bedroom they chose. One relative told us they had been given legal powers in relation to some areas of their family members care. The relative said staff always listened to their decisions.
- We saw staff took time to encourage people to choose from options and supported people by offering suggestions when people wanted this.

Respecting and promoting people's privacy, dignity and independence

- People were cared for by staff who understood their right to privacy. One person told us they had initially decided they would prefer female members of staff to assist with their personal care. The person said as they had got to know male staff better, they had changed their mind. The person told us that now, "I don't mind getting help from gentlemen with my personal care, they are discreet."
- Staff gave us examples of how they promoted people's dignity and independence. This included encouraging people to undertake elements of their own personal care, where they were able to do this and ensuring they checked people were in agreement for staff to enter their rooms.

# Is the service responsive?

## Our findings

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

This is the first comprehensive inspection for this service, This key question has been rated 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

- People's risk assessments and care plans reflected their care needs, preferences and individual histories. This helped to ensure staff were aware of people preferences and care needs.
- Relatives told us their views were taken into account when their family member's care was planned. One relative said this approach meant, "We are over the moon with the care especially because of how [person's name] is cared for."
- Staff told us people's risk assessments and care plans provided them with the information they needed to provide the care people wanted to support their sensory, health and safety needs and to understand what was important to people.
- One relative explained staff had used this knowledge when celebrating their family member's birthday. The relative said, "[Staff had organised] beach themed wall decorations and staff dressed up in grass skirt. [Person's name], had a lovely time. They love cakes and they [staff] made up a lovely tea, with lots of different cakes and sandwiches on. They had a fabulous time." This showed the person they were valued.
- People's care plans and risk assessment were reviewed and updated as their needs changed. Relatives told us staff discussed these with them and communicated any changes to them promptly.

Meeting people's communication needs

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

- People's communication needs and preferences were considered when their care was planned.
- Some key information was available so support people in large font or pictorial formats. This included meal options.
- Staff gave us examples showing how they had supported people's communication needs which were linked to their sensory impairments. For example, staff assisted people to manage their hearing aids, so their communication needs would be met and people would be less isolated.

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

- There had been some recent reduction in the number of interesting things people could choose to do because of an infectious outbreak at the home and some staff changes. However, staff gave us examples of

fun things people had continued to be supported to do. These included outdoor choir attendance and sessions from an external yoga instructor. The local community had organised a memorial garden for loved ones lost in the pandemic. Residents made ceramic forget-me-not flowers and some were supported to attend the opening event and aging well in later life initiatives and visits to a local dementia café.

- The provider and manger were in the process of recruiting activities staff, to support people to continue do things they enjoyed.
- Staff understood the importance of supporting people to keep in touch with others who were important to them, such as previous neighbours, faith groups and national charities, and continued to support people do this.

Improving care quality in response to complaints or concerns

- People and relatives told us they were confident if they raised any concerns or complaints these would be listened to.
- Systems were in place to manage and take learning from any complaints received and to take learning from these, so the risk of reoccurrence was reduced.

End of life care and support

- People's needs at the end of their life were considered in conjunction with the views of their families and other health and social care professionals.
- Relatives told us both their family members and they were treated with compassion and consideration at this key stage of their family member's lives. This included support with funeral arrangements and ensuring the required specialist equipment was in place to support their family member. One relative told us, "Staff made [person's name] the centre of attention and two of the [care staff] attended the funeral. For the Wharf, we as a family have a lot of time. We were impressed."

# 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.

This is the first comprehensive inspection for this service. This key question has been rated 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; 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

- A registered manager was not in post at the time of our inspection, however, a new manager had been appointed and was in the process applying to become registered with The Care Quality Commission. Relatives and staff told us the manager was approachable, encouraged new ideas and the new management arrangements were working well. One staff member said, "[Manager's name] will find a suitable time to talk to you if you have any problems. [Manager's name] will work to resolve things."
- The manager was being supported by the provider's representative to drive through improvements in the service.
- The manager and senior staff checked the care provided to people to ensure people received safe care. For example, in relation to people's clinical needs being met, good infection control practice and staff competency and skills. This included spot checks on staff practice, such as how staff interacted with people.
- The provider's and manager's checks had identified some areas of recording, staff management and management of equipment to support staff safety when handling people's medicine equipment required development. These were already being addressed. This included the development of additional roles to support service development, for example, a clinical lead, night service support practitioner and dementia ambassador. Recruitment for these roles was progressing at the time of the inspection.
- As a result of the feedback provided during the inspection, the manager was further developing their checks. For example, checks in relation to staff's continued competency to administer people's diabetic medicines and to confirm these had been received at the correct time.
- Staff were supported to understand how to care for people through feedback provided during spot checks on their practice, regular meetings at the start and end of each shift and through one to one meetings with their managers.
- The manager understood what important events needed to be notified to The Care Quality Commission and knew they were required to be open and honest in the event of something going wrong with people's care.

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

- Relatives were complimentary about the way the home was run, and said the care provided to their family members was good. One relative told us their family member lived with complex care needs, which were often subject to change. The relative said because of the way staff were led, "They have exceeded my

expectations. Communication has been very good. The change of manager has made no difference, the team leaders have been really good at getting in touch if there were any problems. They got in touch straight away."

- Another relative told us because of the culture created at the home, their family member, "Gained their confidence again, after all they had been through. [Staff] make an effort to include them, take them for a walk don't let them sit on their own. They offer and encourage them to go for a walk, it's helped with their mental health."
- Staff told us they enjoyed their work and were supported to focus on the needs of the people they cared for. Staff gave us examples showing how the whole staff team had pulled together to ensure people received the care they needed. Staff told us they valued the approach taken by the manager, provider's representative, who assisted in providing care when this was required.
- The manager said they were supported to provide good care by the provider and were given access to the resources they needed to develop the home further.

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

- People were encouraged to share their views on the care provided during conversations with staff and at residents' meetings.
- Staff gave us examples showing how suggestions from people had been actioned. This included trying different time for meals to be served.
- Relatives said they were encouraged to make suggestions to improve their family member's care and they were listened to. These included suggestions to further develop people's care plans, as people's needs changed.
- Relatives and staff surveys had recently been sent out. The results of these were to be communicated to the provider's board of directors, to inform future development of the home.
- We saw people took time to express their thanks to staff for the care they received. Staff had also received many compliments and "thank you" cards because of the quality of the care provided by staff.
- The manager and provider planned to continue to work with commissioners, district nursing teams, people's GP and social workers to further develop the care provided to people.

Continuous learning and improving care

- The provider and the manager reviewed the care provided and significant events. Their findings were used to develop action plans to further develop people's care.