Wolfe House Limited

Wolfe House Care Home

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 14 December 2018 and was unannounced.

Wolfe House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Wolfe House can accommodate up to 16 people in one adapted building. At the time of our inspection there were 11 older people living at the home, some of whom were living with dementia.

There was a registered manager in post. 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. The registered manager assisted us in our inspection.

We found at times staff were not always deployed across the service in a way which meant people received their meals promptly. We also found that at times the registered manager did not display a person-centred approach towards people. We have issued a recommendation in relation these to the registered providers.

People's medicines were managed safely. Staff had identified risks to people and when people had accidents or incidents these were recorded and analysed. People were cared for by staff who understood their responsibility in relation to recognising and reporting abuse. Fire safety equipment and fire drills were carried out so staff would know what to do in an emergency.

People were cared for by staff who underwent a recruitment process to ensure they were suitable to work at the service. People lived in an environment that was clean and well maintained.

People's consent was sought before providing care, in line with the Mental Capacity Act 2005. People were provided with support to access healthcare professionals and their dietary needs were monitored to ensure they remained healthy.

People's needs were assessed before moving into the service and they were cared for by staff who had access to the training and support they needed to carry out their roles.

People could make their own decisions and retain some independence. People were cared for by staff who demonstrated a kind, caring, respectful and attentive attitude towards people. People were supported to maintain relationships that meant something to them.

People had access to activities and the recruitment of an activities lead had enhanced the choices available to them. People's care plans were detailed and contained a range of information about them to assist staff

in providing responsive care. This included some end of life information.

People were aware of how to make a complaint, however no one we spoke with said they had felt the need to do so. Regular auditing of the service was carried out and in order to help make improvements, people, relatives and staff were asked for their feedback through annual questionnaires. The staff worked with external agencies to help improve the experience people had of living at Wolfe House.

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.

Staff were not always deployed in a way which meant people received their lunch promptly. We have issued a recommendation in this respect.

Recruitment processes were carried out and there was information and equipment in place in the event of an emergency.

Risks were identified and action taken to minimise these. The manager reviewed accidents and incidents to look for trends.

People were kept safe from the risk of abuse.

People lived in an environment that was clean and well maintained.

Is the service effective?

Good

The service was effective.

People's legal rights were protected because staff were aware of the principles of the Mental Capacity Act (2005).

The home environment was adapted for people and people's needs were assessed before moving into the home.

Staff had access to a range of training courses to support them in their roles.

People liked the food that was prepared for them.

People had access to healthcare professionals where required.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and they got along with.

Staff involved people in their care and enabled them to remain independent.

People were treated with respected and dignity.

Is the service responsive?

Good

The service was responsive.

People had access to activities which they told us suited them.

People's care plans contained sufficient, up to date information in them for staff to provide responsive care.

People were encouraged to discuss their views on their end of life care.

Complaints were responded to.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Although the registered manager was very hands on and knew people well, they did not always demonstrate a person-centred approach.

People, relatives and staff were involved in the service, although people had not always been included in the menu planning.

People and relatives were encouraged to give their feedback about the care they received.

The service worked with external agencies.

Quality assurance monitoring took place routinely to identify shortfalls.

Wolfe House Care Home

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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 December 2018 and was unannounced. The inspection team consisted of two inspectors.

We asked the provider to complete a Provider Information Return (PIR) prior to our inspection. 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. This enabled us to ensure we were addressing potential areas of concern at our inspection. We reviewed the PIR as part of our inspection.

During the inspection we spoke with six people who lived at the home. We spoke with the registered manager, the registered providers and five staff. We read care plans for eight people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty. We also received feedback from one social care professional.

We also looked records of staff training. We saw records of quality assurance audits. We looked at a selection of policies and procedures and health and safety audits. We also looked at minutes of meetings of staff, people and relatives.

Good

Is the service safe?

Our findings

At our last inspection to Wolfe House, we found the service to be safe. We found however at this inspection some improvement to staff deployment was needed, although we had no concerns about people's safety.

Although people did not have to wait for staff to attend to them in respect of their care, at lunch time we found people waiting for some time before receiving their meal. People were started to be escorted into the dining area half an hour before the lunch was served, resulting in people sitting waiting. We heard one person comment, "How long have we been sitting here?" With another responding, "I know, you just get past it, don't you?" We spoke with the registered providers and registered manager about this at the end of our inspection. They told us they would reorganise staff breaks and review deployment of staff to help ensure this was addressed. They also told us they had plans to knock through the wall between the dining room and corridor beside the lounge. This would help cut down the distance between the two, meaning people would be seated more quickly and as such their meal served promptly.

We recommend the registered provider ensures that staff are deployed in a way that means people receive prompt attention at all times and particularly at pressure times during the day.

People told us they felt safe. One person said, "I feel safe, yes. I have someone here all the time."

People were cared for by staff who knew how to recognise signs of abuse. The registered provider's PIR stated, 'staff recognise signs of abuse and are aware of procedures'. We found this to be the case. Where there had been concerns these had been reported to the local authority safeguarding team and the registered manager worked closely with them to resolve the issue. For example, there had been recent problems with the pharmacy who supplied medicines for the service which meant people had been left at risk of not receiving their prescribed medicines. We had been notified of the actions taken by the registered manager which had resulted in the issues being resolved. A staff member told us, "I would always report to the manager if I saw anything that concerned me."

Where people had accidents and incidents these were recorded and analysed by the registered manager. We saw that the registered manager produced a running record of incidents within the service. This allowed them to look for trends and note if people were having recurrent accidents.

Risks to people were assessed and guidance was in place for staff to help reduce the risk to people. One person suffered from diabetes and they had a clear care plan in place which recorded what staff should do if the person's blood sugars became too high or too low. Other people had reduced mobility and as such were at risk of falls. We read that specific shoes had been purchased for them to support with their balance. Where people were at medium to high risk of falls their falls risk assessment was reviewed weekly. We observed staff reminding people to use their walking aids when they moved between rooms.

Each person had a Medicine Administration Record (MAR) and we saw from the records that people received their medicines as prescribed. There were current photographs of people for easy identification and

important information about people's medical conditions or allergies. Where people had topical medicines (medicines in cream form) there was a body map to show where staff should apply the cream. Medicines were stored securely and there were regular checks of staff competency in administering and managing medicines. We observed staff administering medicines and saw they wore a 'do not disturb' tabard, checking the MAR as well as each pack of medicines before giving them to each person.

People lived in an environment that was clean and tidy. Much of the building had recently been extended and refurbished, meaning the environment was clean and fresh. Staff told us they had access to personal protective equipment such as gloves and aprons when they needed it and we saw staff using this when appropriate. A staff member told us, "We use different coloured mops for the different areas we are cleaning. Gloves are always available."

Appropriate checks were undertaken before staff began work. We did not review recruitment records at this inspection because we did not have any concerns in this aspect when we inspected the service in November 2017. The service had not had any new staff commence in the role in the intervening period.

Environmental risks had been considered and mitigated. People had personal emergency evacuation plans that provided guidance to staff in the event of an emergency situation. Regular fire drills were carried out and we observed the necessary equipment to aid evacuation was readily available throughout the service. Regular checks of equipment and the building were carried out. Checks included electric appliances and water temperatures.

Good

Is the service effective?

Our findings

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

At our inspection in November 2017 we found decision-specific capacity assessments had not been carried out for people. We found at this inspection improvements had been made. Where people had been determined to lack capacity for a specific decision a best interests meeting had been held and, as a result, a DoLS application submitted. These covered decisions such as medicines, the locked front door and 24-hour care. We found that where family members had power of attorney, evidence of this was available. We did note however that although the registered manager had determined some people had capacity to make decisions, they had still proceeded to carry out a best interests discussion, which was not necessary. We spoke with the registered manager and registered providers about this during the inspection and reminded them of the principles of the Act.

People were supported by staff who were trained to carry out their roles. Staff told us they received mandatory training in moving and handling, food hygiene, medicines and safeguarding. One staff member said, "I feel equipped to do the job well." This was confirmed by our observations of this staff member when using a hoist to transfer one person. Training records were kept and we read that staff were up to date with all of their required training.

Staff were also provided with the opportunity to meet with their line manager on a regular basis for one to one supervision. This allowed them to discuss any learning needs, support or progression.

People told us that they were happy with the food that was prepared for them. One person said, "The food is very good." Another person said after their meal, "Lunch was nice."

People's dietary needs were met and the chef was knowledgeable in relation to people's needs. The chef told us if people were diabetic they would put less sugar in their pudding or if the pudding was unsuitable they would provide them with fruit. They also said, "I tend to beef up everything anyway with cream to help ensure people keep a good weight." No one currently living at the service required a soft or pureed diet and there were no specific diets required such as gluten-free or for religious reasons. People's weights were monitored regularly and notes recorded where there had been weight loss clearly identifying what had caused the change.

Staff worked together to meet people's needs effectively. It was evident during our inspection that staff worked well as a team, we noticed them asking each other for help or to check on people. There was good

communication and they were clearly competent in their role. A staff member told us, "There is a good atmosphere and we work well together."

People's healthcare needs were met and staff supported people to access healthcare professionals. The registered provider's PIR stated, 'quick referral to healthcare teams enabled through close relationships with community nurse teams and the allocated GP for the home'. We found this to be the case as we saw evidence of people seeing the GP, dentist, optician and podiatrist on a regular basis as well as other professionals, such as an occupational therapist. People had hospital passports in their care plans which contained important information about them should they require a stay in hospital.

People's needs were assessed before moving into the service and the service was adapted to meet people's needs. We read pre-admission assessments in people's care plans. We read people's wishes around daily routines, mealtimes and interests had been transferred into care plans to guide staff in the delivery of personalised care. The building had recently been extended to improve the facilities for people. This included the installation of a lift and en-suite wet rooms. Corridors were wide and clear of any trip hazards and we saw staff using a stand aid for one person and others with raisers on their chairs to help them get up and down. Staff told us, "The lift is a big improvement."

Good

Is the service caring?

Our findings

At our inspection in November 2017 we found that staff did not always show a respectful attitude towards people. We had no similar concerns during this inspection.

People told us that the staff who supported them were caring. One person described staff as, "Very good, very kind." Another person told us, "It's very nice to live here. We do different things, lots of things."

People were supported by staff that they got along well with. The provider's PIR stated, 'recruitment and retention of staff with a positive warm attitude'. We found this to be the case as we observed staff interacting with people warmly. People looked comfortable with staff and were observed smiling and laughing. Whilst people were waiting for their lunch a staff member chatted to people about their favourite Christmas meal and talked to one person about the job they used to do, showing a clear interest in what the person was telling them. One person said of staff, "They're all lovely."

People were cared for by staff who showed patience and attention towards them as well as anticipating their needs. We read in the residents' survey one person had commented, 'The staff are very kind and patient with me'. Before lunch staff were encouraging one person to drink, telling them, "You've not had much to drink this morning." One person was in the lounge looking for something and a staff member gave them one of the life-sized dolls. We observed that they enjoyed holding it. During a morning activity a few people needed help and staff were available to offer this, giving people encouragement by saying, "You got it right, that's it."

Staff involved people in decisions about their care. At lunch time one person chose not to go to the dining room for their lunch. We saw that staff respected this person's decision and said they would keep their meal for later. In the meantime, the person was given a sandwich. Another person chose to stay in their room and again this was respected by staff.

Staff were respectful of people's privacy and dignity when providing care. We observed that staff kept people's doors closed when they were in a person's room providing personal care. On other occasions we heard staff knocking on people's doors before entering their room.

People were enabled to maintain relationships that were important to them. We saw visitors arrive at the service during the day and heard how some people went out with family members.

People were supported to be independent. One person's care plan recorded, 'able to wash herself with supervision'. Each person's care plan included a 'what I can do/what I'm not able to do' record. This recorded what tasks people could carry out themselves in order to help them retain some independence.

People lived in an environment where they had been involved in the decoration and furnishing of their rooms. During the refurbishment programme people had been given the opportunity to comment on colour choices and styles and we observed people's rooms were homely and individualised with their own items

and memorabilia.

Good

Is the service responsive?

Our findings

People had access to a range of activities which included those to meet their spiritual needs. The service had recently recruited an activity lead who worked at the service Monday to Friday. This had improved people's access to activities that were more person-centred. One person told us, "There is always something going on. We are very fortunate here." We observed the activity lead checking on people, talking respectfully to them during an activity and getting people interested in what was going on. When one person became restless the activities lead held their hands and danced to the music with them to get them engaged. Where one person remained in their room, the activities lead told us, "I see her every day to make sure she is not left out. I read magazines to her and sometimes another lady she likes comes with me to visit her."

There was a folder that had details of each person and what they liked to do in an effort to get to know people individually and tailor activities more. A daily record was held of what people enjoyed and had done each day which supported this. One record said that a person had been, 'mixing ingredients for cakes for the afternoon tea party'. A staff member told us, "I will adapt things (activities) as I learn more and get to know what works."

People's care plans had recently been reviewed as the registered manager told us they had introduced a new care plan format. The provider's PIR stated, 'care plans to be regularly reviewed and to be more detailed to ensure choice and preferences'. We found this to be the case as we read information in people's care plan included detail of their communication, mobility, skin integrity and nutrition. There was also background history of a person and how they liked to spend their time, such as 'likes to read the paper' or 'likes knitting'. There was sufficient detail in the records to enable staff to understand what care was needed for a person. One person's care plan recorded signs they may show to indicate they were feeling unwell. This included, 'tired, feeling sick or irritated'. Another person did not like their topical creams applied and guidance for staff stated, 'talk to her/distract her. Talk about home and holidays'. This person was also recorded as needing to be encouraged to drink plenty of fluids and we observed at lunch time that staff offered drinks several times throughout their meal.

People's care plans had an emphasis on personal choice in order to provide responsive care. Such as, '[Name] likes to choose what to wear but would like carers to show her clothes to help her make choice'. A staff member told us, "People choose their own clothes and if they want a bath or a shower." One person had been provided with a specialist hoist which meant they could spend more time in communal areas and join in activities more. A staff member told us, "I talk to people, read to them sometimes and do their nails if they like."

Staff were considerate of people's needs at the end of their life. At the time of inspection, nobody was receiving palliative care but care plans were available for staff to discuss end of life care and document people's advanced wishes. One person had recorded, 'like my children with me, natural death, do not want to be alone'. Another person had noted, 'my faith is very important to me'.

People were aware of how to raise a complaint. One person told us, "I wouldn't complain about anything,

they are good to me." We read of two complaints being received since our last inspection, both of which had been addressed by the registered manager. One person had fallen and banged their head on the radiator in their room. As a result, their relative had requested that all radiators were lagged to avoid a similar situation and we read that this had been done.

Requires Improvement

Is the service well-led?

Our findings

At our inspection in November 2017 we found a lack of good record keeping in relation to information about people's needs. We also found that some auditing of the service was not as robust as it could be, particularly in relation to checking staff were competent in their medicines administration practices. We found at this inspection improvements had been made and everyone had a new care plan format in place. The registered manager told us, "Hopefully we have addressed all the shortfalls. The last inspection made us pull our socks up."

We observed that the registered manager was extremely hands on during our inspection and it was evident that this was normal practice for them. However, despite this we did observe at times during the day when the registered manager could have demonstrated more of a managerial role in order to ensure good practice was consistently followed by staff. For example, after lunch we observed two staff members taking their break at the same time. This meant that no staff were in the lounge area. One person said about staff, "They do seem to vanish." Despite the registered manager being aware of the staff members being on their break they neither asked them to take their breaks separately, or went on the floor themselves. Instead the registered manager joined the care staff and as a result for 15 minutes the three of them were absent from being available for people. Secondly, although we observed a staff member and the registered manager transfer one person using a hoist in a competent manner, neither of them explained to the person what was happening and as such when they were moved they looked worried, as if it was unexpected.

It is important for a registered manager to have a clear vision to deliver high-quality care and promote a positive culture that is person-centred and achieves good outcomes for people. It is also the responsibility of a registered manager and staff to take notice of each person as an individual and for staff to have the underlying skills to provide safe and responsive care in line with good practice.

We also spoke with the chef about the menu planning. They told us there was a four-week rolling menu decided mainly by themselves and the registered manager. There was no evidence to show that people had been included in deciding what was on the menu and we observed at lunch time that people were all given exactly the same meal. We spoke with the registered providers and registered manager about this and discussed the need to ensure that people's dining experience was individualised, for example, people should be able to decide what, if any vegetables, they would like on their plate. Following the inspection, the registered providers sent us evidence that they had purchased a hot trolley which would enable people to have more choice around their meals.

Registered providers should be meeting the standards set out in the regulations and display the characteristics of good care. As such, although action was taken swiftly in relation to staff deployment and the leadership skills of the registered manager. This meant we are unable to give the service a good rating in this domain.

We recommend the registered manager ensures that they demonstrate they are engaging and involving people who use the service.

The registered provider's PIR stated, 'we foster and maintain a culture of openness, transparency and continual improvement'. We found this to be the case as the registered manager and registered providers were open with us during our inspection and took prompt action in relation to some of our feedback. Staff told us they felt supported by them and were happy working at the service. One staff member told us, "I really like her (registered manager). Everyone gets on and if I do something well the manager will let me know." Another said, "We get good support from the owners. I love [the manager]. She's a manager but also a friend." A third told us, "We can talk to the manager, she's always here and is very hands on."

People and their relatives had opportunities to give feedback on the home. Six relatives' surveys had been completed and returned in response to the feedback questionnaire sent out in 2018. We noted that relatives had expressed concern about the disruption of the building work, the televisions not working and asked for flexible mealtimes if they had taken their family member out. We read that all comments had been addressed and as a result of the comments around the building work the registered providers had decided to put the remainder of the refurbishment on hold for a short while.

Six residents also completed the annual questionnaire. Their responses were positive in terms of their views on the service they received. We noted comments included, 'I have a new room downstairs. The alterations to the new building are a great improvement' and, 'This home is a good place to be living'. People had asked for new downstairs toilets and more fruit on the menu. We noted the registered providers had committed to changing the toilets in 2019 and fruit was on offer each day.

In addition to the annual questionnaires sent out to people and their relatives, meetings were held with them. We read that the registered providers attended the most recent meeting held in November 2018. Topics covered the extension/refurbishment work, the new activities recruit and recruitment in general.

Staff were involved in developing the service through regular staff meetings. We read that agenda items covered areas such as activities, infection control, training and at a recent meeting the registered manager discussed the MCA and DoLS with staff. A staff member told us they had recently asked for a standing aid for one person and this was provided, which had improved the person's care. Another staff member said, "She (registered manager) will listen to our ideas. I can voice my opinions."

Staff worked in partnership with other agencies to provide the most appropriate care to people and to share practices and information. The registered manager had worked closely with the local authority, GP practice and pharmacy over the recent issues around medicines delivery. They had also been visited by the local authority quality assurance team who had made some recommendations to them.

A monthly health and safety audit also covered maintenance issues. We read that actions identified had been addressed or were being addressed. This included changing the cleaning routine for the ground floor toilets, rearranging the office area and providing non-slip mats in bathrooms. Other audits included a quality audit, food safety, infection control, staff training and medicines.