Wingate Care Homes Ltd

Wingates Residential Home

Inspection report

95 Chorley Road
Westhoughton
Bolton
Lancashire
BL5 3PG

Tel: 01942813840

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02 March 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Wingates Residential Home provides accommodation for 36 people, all in single rooms. The home is situated on a main road in the Westhoughton area of Bolton. It is on a bus route to the town centre, and is close to the motorway network. There is a car park, a garden, and a patio area.

The inspection took place on 02 March 2017 and was unannounced. At the time of the inspection there were 30 people living at the home. The last inspection was undertaken in November 2015 where the service was given an overall rating of Requires Improvement due to concerns around staffing levels, the dining experience, lack of staff supervisions and lack of person centred care plans.

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

People told us they felt safe at the home. There was a robust recruitment procedure, which helped ensure staff were suitable to work with vulnerable people. Staffing levels were sufficient to meet the needs of the people who used the service. Staffing was flexible to respond to changing needs.

Safeguarding and whistle blowing procedures and guidance were in place and staff we spoke with demonstrated a good understanding of the issues. Health and safety measures were in place and records complete and up to date.

There was an appropriate medicines policy and procedure in place. We saw that the medication systems were effective and medicines were ordered, stored, administered and disposed of safely.

The induction programme was thorough and included all mandatory training. There was an on-going training programme and refresher courses were accessed as necessary.

The décor of the premises and some of the furniture and fittings, such as beds, duvets and curtains were in need of replacing and updating. The lighting was poor in some areas of the home and required attention.

The home was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

People told us staff were kind and caring and we observed friendly and respectful interactions throughout the day. People's privacy and dignity was respected. Information given to families and potential users of the service was informative and appropriate.

People's wishes for when they were nearing the end of their lives were respected. Care given at this time was

delivered well in conjunction with other professionals.

People were given choices and their wishes, likes and dislikes were recorded and adhered to by the service.

There were a number of activities on offer at the home as well as entertainers and celebrations of special occasions. People were supported to follow their own interests.

Complaints and concerns were dealt with appropriately and the service had received a number of compliments. Regular feedback was sought to help the service continually improve the delivery of care and support.

People who used the service, relatives and staff members felt the registered manager was approachable and supportive. Staff supervisions were undertaken regularly and there were regular staff meetings, which all helped offer support to staff.

A number of audits and checks were carried out regularly. The results of these were analysed to help drive improvement to the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People told us they felt safe at the home. There was a robust recruitment procedure, which helped ensure staff were suitable to work with vulnerable people. Staffing levels were sufficient to meet the needs of the people who used the service. Staffing was flexible to respond to changing needs.

Safeguarding and whistle blowing procedures and guidance were in place and staff we spoke with demonstrated a good understanding of the issues.

There was an appropriate medicines policy and procedure in place. We saw that the medication systems were effective and medicines were ordered, stored, administered and disposed of safely.

Is the service effective?

Requires Improvement

The service was not always effective.

The induction programme was thorough and there was an on-going training programme.

The décor of the premises and some of the furniture and fittings, such as beds, duvets and curtains were in need of replacing and updating. The lighting was poor in some areas of the home and required attention.

The home was working within the legal requirements of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People told us staff were kind and caring and we observed friendly and respectful interactions throughout the day. People's privacy and dignity was respected.

Information given to families and potential users of the service was informative and appropriate.

Care given to people nearing the end of their lives was delivered well.

Is the service responsive?

Good

The service was responsive.

People were given choices and their wishes, likes and dislikes were recorded and adhered to by the service.

There were a number of activities on offer at the home and people were supported to follow their own interests.

Complaints and concerns were dealt with appropriately and the service had received a number of compliments. Regular feedback was sought to help the service continually improve the delivery of care and support.

Is the service well-led?

Good

The service was well-led.

People who used the service, relatives and staff members felt the registered manager was approachable and supportive.

Staff supervisions were undertaken regularly and there were regular staff meetings.

Audits and checks were carried out regularly. The results of these were analysed to help drive improvement to the service.

Wingates Residential 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.

The inspection took place on 02 March 2017 and was unannounced. The inspection team consisted of two adult social care inspectors from the Care Quality Commission (CQC).

Prior to the inspection we looked at information we held about the service such as notifications, safeguarding concerns and whistle blowing information. We also received a provider information return (PIR) from the provider. This form asks the provider to give us some key information about what the service does well and any improvements they plan to make.

Before our inspection we contacted Bolton local authority commissioning team to find out their experience of the service. We contacted the local Healthwatch to see if they had any information about the service. Healthwatch England is the national consumer champion in health and care. We also contacted the local safeguarding team and five health and social care professionals who regularly visit the service. This was to gain their views on the care delivered at the home.

During the inspection we spoke with three people who used the service and seven relatives. We also spoke with six members of care staff, the cook and the registered manager. We used a Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We reviewed records at the home including three care files, three staff personnel files, meeting minutes, training records, health and safety records and audits held by the service.

Good

Is the service safe?

Our findings

We asked people if they felt safe at the home. People we spoke with told us they felt safe. One person said, "I feel very safe here, they [carers] are very kind and caring". A family member told us, "I feel I can trust them [the staff]. [Relative] is happy".

We looked at three staff personnel files and saw a safe system of recruitment was in place. The system of recruitment was robust enough to help protect people from being cared for by unsuitable staff. The staff files contained proof of identity, application forms that documented a full employment history, terms of employment, interview questions and notes and two references. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with vulnerable people and informs the provider of any criminal convictions against the applicant.

Appropriate safeguarding and whistleblowing bullying policies were in place at the home. Staff we spoke with demonstrated an understanding of the issues and were confident to report any potential abuse or poor practice they may witness. Safeguarding incidents had been reported correctly and followed up as required.

There was CCTV in communal areas of the home there was a policy in place for this. There was a sticker in the window to ensure people were aware that CCTV was in place and the use of CCTV was outlined in the Statement of Purpose.

There were sufficient staff on the day of the inspection to help ensure all the needs of the people who used the service were met. We looked at staffing rotas and found that staffing was flexible depending on the needs of the people who used the service. One relative we spoke with told us, "There are always plenty of staff around". A health professional we contacted stated, "The last visit I carried out at Wingates was on 23rd November 2016. During my visit I felt the service was safe, the staff members were under no pressure to carry out their duties, I personally felt comfortable with the care and staffing level".

We looked around the premises which were clean and tidy. We found in several bedrooms there were free standing wardrobes. These were not attached to the wall and posed a risk to people who used the service as they could have been easily pulled over on top of them. The registered manager agreed to action this following our inspection.

We saw infection prevention and control policies and procedures were in place and there was an infection control file containing all information and guidance required. Contact numbers of the infection control team were available. Infection control and prevention training was undertaken as part of the training programme for all staff and regular audits were undertaken.

We saw that staff wore protective clothing of disposable aprons and gloves when carrying out personal care tasks. These were stored around the home in plastic boxes so that staff had easy access to equipment. Hand gel, liquid soap and paper towels were available if communal bathrooms and toilets. This helped to prevent the spread of infection.

The medicines policy included guidance on self-medication, medicines given as and when required (PRN), controlled drugs (CD); these are some prescription medicines are controlled under the Misuse of Drugs legislation, homely remedies and incident reporting. There was reference within the policy to the Mental Capacity Act (2005) (MCA), with regard to giving covert medicines, that is medicines given in food or drink.

We looked to see how the medicines were managed. The service used the Biodose system, which is where each person's medication is stored in a pod. Each pod contained either tablets or liquid. There was photographic identification on the front of each person's tray, which helped minimise medication mistakes. We saw medication was checked before being offered to people and then recorded on the individual's medication administration record sheet (MARs). We saw that medicines were safely and securely stored. There was no one at the home receiving any controlled drugs at the time of our inspection, however the home had systems in place for storage and recording of controlled drugs should the need arise. Topical creams were administered by care staff and had been correctly recorded when applied.

The senior member in charge of the shift told us that there was a designated person who was responsible for the ordering, receiving and disposal of medication. The treatment room was clean and well organised and was maintained at the correct temperature. The temperature of the medicines fridge was recorded twice daily and records were complete and up to date.

Health and safety information was readily available and all required tests and servicing were up to date. We saw evidence of fire equipment inspections, inspections of automatic alarms, gas safety certificate, electrical installations certificate, legionella water testing and lift service and repairs. There was a handyman employed by the service who actioned on-going minor repairs and maintenance.

We saw that accidents and incidents were recorded appropriately within care files and followed up with relevant actions. These were monitored and audited to look for trends and patterns and help improve the service.

Requires Improvement

Is the service effective?

Our findings

Newly employed staff had to undertake a comprehensive induction on starting work at the home. This comprised of the Care Certificate. The certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff we spoke with told us they shadowed a more experienced staff member until they were confident and competent. The induction helped staff understand what was expected of them and what needed to be done to ensure the safety of the staff and people who used the service.

We looked at the training matrix and spoke with staff at the home. There was a regular programme of training undertaken at the home and staff felt they were well supported to develop and maintain the required skills for their roles.
Records, including a supervision matrix and individual documentation, were in place to demonstrate that staff received regular supervision and appraisal. Supervision meetings help staff to discuss their progress and also discuss any learning and development needs they may have.

Equipment used by people, such as wheelchairs, were checked monthly. Weights records we looked at were complete and up to date. We saw from looking at care files that people were referred to appropriate teams, such speech and language therapy (SALT), dieticians, falls team and district nurses as appropriate. GPs were sent for when needed and professional visits and advice were documented within the care records.

The home cares for people living with dementia. The home was not purpose built and had been extended. There were some dementia friendly signs to assist with orientation around the home. There were large faced clocks to help people recognise what time it was. People could walk freely around the home and there were a number of communal areas for people to sit in. The lighting in parts of the home was dismal. People living with dementia benefited from plenty natural light and where necessary bright electric lightening. There were already arrangements in place to review this and a survey was carried out a few days after the inspection with a view to making improvements in this area.

We saw that the older part of the building looked neglected in comparison with the new extension. The rooms in this area required attention to the decoration, fittings and furnishings. Paintwork was scuffed and chipped off and some wallpaper was peeling off. Presentation of the bedding could have been improved with quilt covers being ironed. Some of the divan beds and/or mattresses were in need of replacing as these were found to be stained, and many of the curtains were thin, allowing light to shine through. Some curtains were too long meaning they were covering the radiators (which blocked the heat from circulating around the room), and some were not fitted on the rails correctly. Some duvets and bed linen were of poor quality and very thin and therefore unfit for purpose. The registered manager agreed to undertake a thorough audit of all bedrooms following the inspection. This was done and the evidence of her findings and action plan were supplied.

Aids were provided to help people select their choice of meals for the day. There was a large pictorial menus board with clear pictures of meals offered that day. The home had been awarded a 5 Star rating by the food

hygiene standards which the highest rating awarded.

We asked people what the food was like at the home. One person who used the service said, "There's a choice of food, chef comes in and has a chat so I can choose my meals". A relative told us, "[Relative] was not a good eater. She began to eat on admission, but her weight was going down. A fortified diet was given and the staff tried allsorts to help". Another said, "[Relative] has a poor appetite, but has put weight on here". Other comments included; "[Relative] loves the food and has a good appetite".

We observed a mealtime at the home. Tables were nicely set with condiments and table mats and there was pleasant music playing. A choice of juices was offered to people and those who wished to have one were given clothes protectors. People were encouraged to be as independent as possible, but assistance was given when required. We heard staff explaining what the food was and giving people choices and the experience was calm and unrushed. If staff saw that the food was not being eaten they offered an alternative, such as soup or a sandwich. We observed one person being offered a number of alternatives, all of which were left. A staff member suggested they had some Weetabix, as they were aware the person enjoyed this. The Weetabix was given and the person ate and enjoyed it. Staff were constantly asking the chef for alternative meals to encourage people to eat and we saw that nothing was too much trouble for the chef, who was happy to supply whatever was requested. On speaking with the chef we found he was aware of people's special dietary requirements.

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 so that they can 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 service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw evidence within care files of best interests decision making. The home had ensured relevant professionals and family members had been involved in the process to ensure the best possible outcome for the individual. There was a DoLS file to help keep track of authorisations and review dates. DoLS had been put in place appropriately and were renewed as required. Staff members we spoke with demonstrated a good understanding of the principles of the MCA and DoLS.

Good

Is the service caring?

Our findings

We asked people who used the service if staff were kind and caring and they told us they were. One person said, "Staff are all very nice". One relative said, "They [the home] are very family orientated and staff are very caring. Our [relative] was born in this area and felt she had come home". When asked if they were made welcome they told us, "We are always offered a cup of tea immediately". Another relative said, "It was a feeling when we walked in. There is always music on and [relative] loves music. She has settled and made friends". Other comments included, "I ask [relative] if she is happy and she says she is. Staff are brilliant, can't fault them at all"; "I wouldn't want [relative] anywhere else. I go out and close the door and am content. They [staff] all work so hard and all care. They look after us well". A health professional we contacted said, "Any family members I spoke to were all satisfied with the care their relative was receiving".

There were visitors at the service whose loved one had died whilst living there. They told us they would continue to visit as they "feel like family, we feel part of the place".

We observed that there was a friendly and relaxed atmosphere within the home. Staff interaction was good and people were spoken in a kind and respectful way. We heard staff explaining to people what they were doing, for example when giving out medicines.

We saw care staff knocked and waited for an answer before entering bathrooms, toilets and people's bedrooms. This was to ensure people had their privacy and dignity respected. The home had a dedicated treatment room for use by visiting health professionals such as district nurses. This allowed people to be seen privately, rather than in communal areas. There was also the option to receive the consultation in their own rooms if they wished.

We saw that documentation held in the hallway at the front of the home contained confidential information relating to both people who used the service and their relatives. For example private dwelling addresses and telephone numbers of relatives. There was also a communication book explaining why staff had left the premises whilst on shift such as taking [named person] to a hospital appointment. Visitors to the home had access to this information which was not appropriate. This was removed by the registered manager during the inspection.

We saw evidence within care plans that, where possible, people who used the service were involved in care planning. Relatives were also involved in decisions about care delivery.

The service produced an information leaflet for family and friends. There was a Statement of Purpose which included information about the service, facilities, how to make a complaint, health and safety and useful contact numbers.

The service endeavoured to support people who were nearing the end of their lives to remain at the home if this was their wish. Staff had undertaken training in this area to help ensure the best possible care. There was a bedroom for families to use if they wished to stay with their loved one in the last days.

We saw a compliment left by relatives of someone who had been supported this way by the service; "We cannot speak highly enough regarding the care, consideration and understanding extended by all the staff and that was apparent in [relatives] final days".

We spoke with relatives whose loved one had died whilst at the home. They told us communication between them and the staff had been excellent. They said, "Everyone was helpful. We stayed all day in the end stages of [relative's] life. Staff brought us food and night staff sat with us. We came in to find a staff member reading the bible to [relative], which would have been important to her. This was in spite of the staff member having no personal faith".

Good

Is the service responsive?

Our findings

We asked people about choices and preferences and whether these were respected at the home. One person who used the service told us, "I prefer to take my meals in my room. They are fine with this". When asked if the service was responsive one relative said, "They answer the buzzer straight away. Nothing is too much trouble".

We saw that people had furnished their rooms with their own personal belongings. People were well presented and looked clean and smart. We saw that people were asked what they wanted to do and where they wanted to be throughout the day.

The home had good links with the local churches and schools and there were regular religious celebrations as well as visits from local school children in the area. There were a number of activities on offer including entertainment, quizzes, craft sessions and entertainment. Birthdays and special occasions were also celebrated. A visitor told us about how the staff had helped them celebrate an occasion, with an impromptu celebration including wine, cake and balloons, following a stressful time with their loved one, who was unwell. They described being very touched by the gesture.

Care plans included a range of health and personal information. Support required by each individual was outlined and care plans included a life story book where background history, likes and dislikes, hobbies and interests and information about family and friends was recorded. People's preferred times of rising and retiring were recorded, as well as what they liked to do during the day. We saw that people's dietary requirements were documented.

Regular satisfaction surveys were used to try to ascertain people's wishes and suggestions for change. These were acted on by the service to drive improvement.

There was an appropriate complaints policy which was displayed in the home and outlined in the information given to families. Complaints and concerns were dealt with promptly and appropriately. One relative said, "Any little issue and they are right on it". Residents and relatives meetings were held to give people the opportunity to raise any issues or concerns. They were also able to put forward suggestions via this forum.

The service had received a letter from a local MP recently, which concerned the experience of a constituent whose relative resided at the home. The person had described a very positive experience and the MP had said, "I find it very reassuring that we have a care home with such a good reputation in the constituency".

Good

Is the service well-led?

Our findings

There was a registered manager in place at the home. 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 asked a number of relatives if the management of the home were approachable. One person said, "Everybody is approachable"

We received comments from health and social care professionals we contacted. One professional said, "I found Wingates was well run, the staff and residents have a good relationship". Another, who visited in November 2016, told us, "The current team is led by the manager [name] who has made a big contribution since taking over this position in making sure all the policies and procedures are followed by all members of staff and making the place more effective and responsive for the service user. I have also seen some good improvements since my visit back in 2015".

We spoke with a number of staff about the support and leadership of the service. Staff told us they felt valued and supported by the registered manager. One staff member said, "I've got a really good relationship with my manager – she is brilliant. She is supportive and helps by being flexible about working hours". Staff felt at times some decisions made by the provider and the administrator were not always appropriate.

Supervisions were undertaken regularly with staff members. Supervision sessions help staff identify personal development and training needs and assist the supervisor to monitor progress and competence. The staff we spoke with told us that supervision sessions had been more regular since the current manager had taken over.

We saw minutes of regular staff meetings. Issues discussed included recording, roles and responsibilities, duties, team work infection control, incident forms and night staff. We saw from the minutes that actions had been identified and addressed.

We saw a number of checks and audits within the service. These included monthly medicines audits, infection control audits, falls, incidents and accidents audits. We saw that reports of falls, incidents and accidents were monitored and analysed. This helped the service identify any patterns or trends to inform continual improvement to care delivery.

The home had good community links and we saw evidence within their records of effective partnership working with other agencies. Health and social care professionals we spoke with felt communication was good with the service and advice and guidance given was followed by all staff at the home.