

Wells Care Limited

# Wells Place Care Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We carried out an unannounced comprehensive inspection of this service on 23 and 25 June 2015. Breaches of legal requirements were found in relation to person centred care, safe care and treatment, good governance and staffing. As a response to this, the provider wrote to us to say what they would do to meet legal requirements in relation to these breaches. We undertook this focused inspection on the 17 and 18 December 2015 to check they had met the legal requirements. Whilst the provider has made some improvements, we found they had not fully met their own action plan. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Wells Place Care Home' on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

Wells Place Care Home is registered to provide accommodation and nursing care for up to 42 older people, some of whom are living with dementia. Accommodation is arranged over three floors, with access to the lower and upper floors via stairs or a passenger lift. 38 people were using the service at the time of our inspection.

At the time of this focussed inspection a registered manager was not in place. An operations support manager for the provider was temporarily fulfilling the role as manager of 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.

People living at Wells Place Care Home had needs relating to living with dementia, mobility and general health. We were not assured that staff had the skills and knowledge to meet these needs. Staff had not received all the training they needed to deliver care safely and effectively. There were inconsistencies in staff's experience of training, supervision and support. We found that care practices were not effectively monitored to identify shortfalls in staff performance.

People who used the service and their relatives were complimentary about the conduct of staff and improved staffing levels. However, because improvements were needed in staffing skills and knowledge in supporting people with dementia, people were not always provided with meaningful activities to meet their needs and reduce social isolation. Areas in the home were not suitably designed for people living with dementia.

The service had taken action to review records about people's care and this was still in progress at the time of our inspection. Care plans for people reflected their identified needs and the associated risks. Further work was required to embed and sustain the practice of effective care planning.

We saw new aspects of quality assurance and there were some systems in place to look at the quality of the service. However, the service required sustained and effective leadership to maintain this and provide

guidance and stability to staff.

Following our inspection the provider informed us they had placed a voluntary embargo on new admissions to the home. In addition, the local authority safeguarding team and commissioners had begun action to review people's care.

At this inspection we found continued breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. We also identified a new breach in relation to managing complaints. You can see the action we have told the provider to take at the end of the report. We will carry out another comprehensive inspection to check on all outstanding legal breaches.

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

We always ask the following five questions of services.

### Is the service safe?

We found that action had been taken to improve the safety of this service.

Care records had been updated to include accurate information about risks to people's safety and welfare, and how those risks were to be managed. This included care plans for people at risk of development of pressure sores.

We could not improve the rating for this question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

**Requires Improvement** ●

### Is the service effective?

The service was not effective. The provider had not fully complied with a requirement notice in relation to staff training and supervision.

People were at risk of receiving inappropriate care because staff training was not well managed and systems were not used effectively to formally monitor their practice and development needs.

**Requires Improvement** ●

### Is the service responsive?

The service was not responsive.

Steps were being taken to ensure that each person's care plan was up date and reflected the needs of the person and their interests and preferences.

The provider did not have effective processes in place for dealing with complaints.

The environment did not fully meet the needs of people who used the service living with dementia.

**Requires Improvement** ●

### Is the service well-led?

**Requires Improvement** ●

The service was not well-led.

People did not benefit from a well run service as the home had lacked sustained and effective leadership. The provider was aware that the home was not operating as they wanted it to but improvements were planned, including the recruitment of a new manager.

New systems and processes to check the quality of care had been introduced. However these had not been effectively established to ensure consistent and sustainable good governance at the home.

The provider asked people, their relatives and other professionals what they thought of the service through meetings and questionnaires.

We could not improve the rating for this question from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

# Wells Place Care Home

## Detailed findings

### Background to this inspection

We undertook an unannounced focused inspection of Wells Place Care Home on 17 and 18 December 2015. This inspection was done to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 23 and 25 June 2015 had been made. The team inspected the service against four of the five questions we ask about services: is the service safe, effective, responsive and well led. This is because the service was not meeting some legal requirements.

Before our inspection we reviewed the information we held about the home and the action plan given to us by the provider following our previous inspection. We also reviewed information from other professionals and the public since the last inspection.

The inspection was undertaken by one inspector and an expert by experience in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with six people living in the home and seven visitors which included people's relatives or representatives. During our inspection we also spoke with the registered provider, an acting manager from one of the provider's other locations and eight members of staff, which included nurses, care workers and ancillary staff.

Due to their needs, some people living at Wells Place were unable to share their views. We observed the interaction between staff and people living at the home and reviewed a number of records. This included six people's care records, the provider's quality assurance systems, service improvement plan, records relating to staff training, supervision and appraisal and staffing rotas.

Following our inspection the acting manager sent us additional information about staff training and supervision which we requested.

# Is the service safe?

## Our findings

At our last inspection in June 2015 we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found people were not always protected from unsafe care or treatment because the registered person had not done all that was reasonably practicable to assess and mitigate identified risks to them. This related to the management of pressure ulcers. We also found that where the service was administering medicines covertly they were not acting within the principles of the Mental Capacity Act (MCA) 2005.

There was a previous lack of supporting documents charting the assessment of pressure ulcers, progress of treatment, its effectiveness and completion. At this inspection in we found that some improvements had been made, but further work was needed such as ensuring consistent and effective recording in care records.

We reviewed three people's care plans which accurately reflected the care they needed for pressure ulcer management and promoting skin integrity. There was an up to date Waterlow assessment, completed weight records, monitoring charts and wound photographs. A Waterlow risk assessment tool was used to identify and categorise those at risk of developing a pressure ulcer. A nurse told us that one person's pressure sores were healing well and had improved significantly since they moved to the home. We saw records to support this and evidence of involvement from a tissue viability nurse (TVN). In another person's file there were clear records and photographs charting the treatment and subsequent healing of a pressure sore. Staff we spoke with knew what preventative action to take for people at risk of developing pressure ulcers. This included turning the person regularly, using pressure relieving equipment, monitoring food and drink intake and administering prescribed skin creams. Although staff understood how to minimise risks, we found three people's turning charts were incomplete.

Care plans for people receiving covert medicines recorded the reasons why medicines needed to be administered covertly; best interests meetings; types of medicines and dosages; and, details of how medicines were to be administered. An agreement had been signed by the nurse in charge, the GP, the pharmacist and where possible the person's relative. People had mental capacity assessments in their care records and when a person lacked capacity decisions about their care had been recorded in their best interests. This showed the provider had followed the principles of the MCA.

Since our last inspection, more people were using the service. The provider had reviewed staffing arrangements and appointed additional nurses and care staff. Staff were deployed across the home in line with people's care needs. Rotas confirmed that two nurses and eight care staff were allocated during the day with one nurse and five carers at night. The provider told us there were vacancies for one nurse and five care staff. There was still a high use of agency staff but through improved recruitment processes this was being addressed.

People and relatives felt that staffing levels were sufficient and we observed that people did not have to wait for attention. Feedback comments included, "There seems to be plenty of staff" , "I think they would

respond to a call quickly", "There are enough (staff), they carry on very well", "During the day there are enough staff", "We rang for assistance and they responded quickly" and "There are much more staff here now but there is a constant change."

The local authority told us they were continuing to monitor and visit the home following further safeguarding referrals that had been raised in respect of people's care. CQC records showed that these safeguarding matters had been reported appropriately and the provider had cooperated with the local authority and other professionals to investigate events. At the time of this inspection two safeguarding investigations were still in process.

## Is the service effective?

### Our findings

At our last inspection we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because staff had not received appropriate levels of training and support to carry out their role and provide effective care. At this inspection we found the service had not improved.

Although some staff were provided with a basic induction to the home, we found it did not always take place and there was no system to check it had been followed. At our last inspection there were no records to show agency staff had received an induction or had the competencies and skills to meet people's needs. At this inspection we found that agency staff had been regularly working in the home but there was still no information about their skills and experience. Skill profiles for six staff provided by the agency were sent to us following the inspection. These showed three staff had not completed practical training in moving and handling. We were concerned the provider had not checked agency staff were appropriately trained and suitable for the role.

There was a difference of opinion amongst the staff we spoke with around their levels of training. A member of staff told us they had received no training since they started work in the home over three months ago. Nursing staff reported that they had received limited specialist training and one member of care staff told us they had not completed moving and handling training. Other comments included, "On induction week, I did training on most aspects of my duties" and "I've yet to go on dementia training" and "In my first week, I was shown record keeping." One staff member told us, "I had some training in my induction week" and "I've had some dementia training" and "My hospital experience has helped me here". Another agency staff said, "I haven't had much training from the agency, like hoisting and pressure sore care, but I will be asking for it."

Following our inspection we were provided with a matrix showing staff training. . This showed serious deficiencies in the provision of training in areas the service had identified as mandatory. Records showed the percentages of staff who were up to date in the following areas of training: moving and handling and food safety 37%; health and safety 33%; first aid 25%; 40% Mental Capacity Act/ Deprivation of Liberty Safeguards training and 44% safeguarding and infection control. Other training that had not been updated included fire safety. Without skills and knowledge in key areas, there was a risk that people may not receive safe and appropriate care and support.

People did not always receive care from staff who had the training or support to meet their specific needs. For example, staff had not completed training to meet the needs of people living with dementia. Prior to our inspection concerns had been raised in October 2015 about the home's ability to meet a person's clinical care needs. We found that aside from the former registered manager none of the staff had completed relevant training in this area. A safeguarding investigation was still in process at the time of this inspection. We were concerned that the service had admitted a person without ensuring that staff were suitably trained to care for them.

We found that staff did not receive on-going supervision or periodic appraisals, which meant the registered

provider, could not demonstrate how and if the competence of staff had been assessed or maintained. Regular supervision gives staff the opportunity to discuss training and development needs and provides clarity on their performance. Appraisals are meetings involving the review of a staff member's performance, goals and objectives over a period of time, usually annually. Staff we spoke with had mixed views on the quality of supervision and support they received. While some staff felt they could access support when they required it, other staff told us they had not received regular supervision or feedback. Comments from staff included, "I haven't had any formal supervision but I can always go to the manager if I needed to." "I find the support very good, especially as I've only been here a couple of weeks" and "My team leader is very supportive and the shift runs very smoothly here." One staff member told us they had not had supervision since June 2015 and another staff told us they had attended one. They also felt supervision was needed as it was "the best means of communicating your concerns to the manager."

Following our inspection we were provided with a copy of a supervision record for the whole staff team. This showed significant gaps and did not demonstrate that staff received appropriate levels of support and supervision. For example, a record of one to one meetings showed that 22 staff had not had a one to one meeting with their manager since June 2015. Two staff members had received two supervisions and eight staff members had received one.

Similarly staff performance had not been assessed to ensure they were competent enough to support people appropriately with their needs. Nursing staff competencies should be assessed regularly to ensure that they are making decisions in line with the latest clinical guidance however we were not provided with any evidence that these had been undertaken. As this was not happening there was a risk that people may not be effectively cared for by staff.

The lack of regular staff supervisions and observations of staff practice impacted on the quality of care provided. For example, at lunch we observed one member of staff physically supporting two people to eat their meals at the same time.

This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## Is the service responsive?

### Our findings

At our last inspection in June 2015 we found the provider was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people's care records were not always accurate or up to date to clearly guide staff in the safe delivery of people's care. Care records did not always take into account people's individual interests and preferences.

At this inspection we found the care records had been reviewed and improved although further work was needed. Improvements to care planning meant that people were better involved in discussions about their care and treatment. It was clear that steps were being taken to provide a more personalised approach to care. Detailed pre-assessments of people had been undertaken before people moved in to help ensure their needs could be met. There was evidence of discussion with family about people's care. Relatives confirmed they were consulted about people's likes, dislikes and life history or background. There was one exception where a relative said they had not been involved with the person's care plan when they were admitted and the home did not inform them when their relation fell ill.

We found people's decisions around their care were supported by staff although feedback indicated further improvements were needed. One person said, "I had a chat about me when I came but nothing since" and another commented, "They do talk to me about me and my care." There was some information about people's choices, likes and dislikes and these were detailed. Individual records were kept about people's life histories and were still being developed for some people. The registered provider told us that all care plans were in the process of being re-written and we saw evidence of this in the records. They also explained that progress to update all people's care plans had been hindered by the manager and two nurses leaving. Nurses we spoke with were aware of the need to update and review care plans and records to ensure care staff had up to date information to meet people's individual needs. We saw evidence that support plans and risk assessments had been reviewed monthly and updated where people's needs had changed.

At the last inspection we found the home did not promote a stimulating environment for people living with dementia. We made a recommendation that the service refers to current best practice guidance around activities for people living with dementia. The registered provider told us this had not been actioned and they were still looking at ways to provide a more suitable environment that meets the needs of people living with dementia. We saw bedroom doors were not named or identified with photos or memorabilia to help people recognise their rooms. There were no sensory areas or displays, reminiscence areas, rummage boxes, pictures, photo boards or resources that would make the environment more stimulating, accessible and enjoyable for people living with dementia. During our inspection, we observed that some people would have benefitted from more engagement and stimulation in the lounge/dining area due to their dementia needs. The provider agreed to look at ways to further improve the quality of people's lives living with dementia.

People told us they would talk to staff if they needed to complain, although many relied on their families to do this for them. Relatives we spoke with told us they would be happy to approach management to raise any concerns they may have. Relatives gave examples where management had responded and resolved

issues. These included promptly arranging for a doctor to visit when their family member became unwell.

At our last inspection we saw the complaints procedure was available to people but not available in any other format to meet the people's different needs including visual and cognitive impairment. In the provider's action plan they told us that they would review and improve the way the home managed complaints. At this inspection records of complaints were not available and we were unable to confirm that all complaints had been formally acknowledged and addressed or were in the process of being investigated. We could not review how the service responded to complaints, the improvements it made for people and their care and what actions the service had taken to make things better. There was no system to identify if there were themes and patterns emerging from which improvements could be made. A member of staff told us they would record a complaint in the person's daily notes and inform the manager. They said there was no specific complaints form.

The provider did not have effective processes in place for dealing with complaints. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although we found a lack of oversight to managing complaints, people and relatives were encouraged to share their views about the service through meetings. Surveys had also been undertaken with people and their relatives since our last inspection. One relative said, "I had a questionnaire on food, which has improved." At a meeting in August 2015 we saw that relatives had raised various issues and the registered provider showed an open and transparent approach in responding to their queries. For example, they shared what action was being taken to address staffing issues and improve communication.

## Is the service well-led?

### Our findings

At our last inspection in June 2015 we found the provider was in breach of the regulations because they did not always operate effective governance systems to monitor the quality and safety of the service people received. Although there were quality assurance procedures in place for identifying areas for improvement, these were not always followed through in a timely way. In addition, people's care and monitoring records were not consistently maintained to accurately reflect the care and support provided to people. Other records for staff and the running of the service were similarly not well managed.

At this inspection we found that some improvements had been made, but the impact had yet to be embedded into practice. The registered provider acknowledged further work was needed and told us progress had been delayed due to management difficulties. The registered manager had recently left and the operations manager had gone on sick leave the previous week. The registered provider advised us they were in the process of recruiting a new manager and had put interim arrangements in place. They were providing support to the service along with a registered manager from another care home owned by the provider.

Quality assurance systems were in place to monitor the quality of care provided. Some of these checks had been recently introduced so it was not possible to fully evaluate their effectiveness. Staff recorded a series of daily observations around the home, including checking for any maintenance issues and checking people's positional charts. However, this had failed to identify that some positional charts were incomplete.

Audits to review and monitor the effectiveness of people's care plans and records had been introduced in November 2015. The provider and nursing staff told us this system of monitoring and review of care plans needed time to be sustained in practice. We found that work had begun to update people's care plans and we noted progress had been delayed due to the registered manager and nurses leaving. Record keeping had improved in some areas.

There was a service development plan which had been put in place following our last inspection. This included monthly progress reviews supported by the operations manager. The action plan gave indicators on how progress had been made at the service in specific areas of development. These included records and administration, staffing and recruitment, staff training and development, the environment, quality assurance and medication. This identified where improvements were needed, the actions to be undertaken and timescales for completion. We noted that actions were underway and progress updates were recorded.

We found the registered provider had not taken sufficient action to ensure staff were appropriately trained. The provider did not have processes for assessing and checking that nurses and care staff had the competence, skills and experience required to undertake their role. The system for auditing and monitoring staff training and competence was not robust which led to risk of impact upon people's care. We will carry out a further unannounced inspection to follow up on the outstanding breach relating to good governance.

During our inspection, people spoke favourably about the current management. One person told us, "The

management is good, they listen." Two people felt that the home was well run and one person told us, "There has been an improvement in keeping permanent staff rather than using agency." Relatives gave similar feedback. Their comments included, "The home has improved" , "Mum was falling over. Since [name of operations manager] has been there things have improved, food's got better and the care also has got better" , "There's a much better atmosphere here now" and "They changed a lot of staff and it's much better." A visitor told us, "I have been coming for more than six months and some things seem to be better" and "The management seems to be doing a good job."

Staff consistently told us they felt supported by the operations manager and that she was approachable. Their comments included, "She is 100% supportive, I can call her about anything", "I think the manager is brilliant and I am enjoying the job" and "I can approach the manager." One staff member told us that they had seen recent improvements and said, "When I first came it was disorganised, but in recent months things have got better." Staff told us they shared information about people using the service through daily shift handovers and team meetings although meetings had been inconsistent. Records confirmed two staff meetings had taken place since our last inspection. The provider assured us that these would resume at regular intervals once the new manager was in post.

This section is primarily information for the provider

## Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints
Diagnostic and screening procedures	The provider's systems were not effective in providing an accessible system for identifying, receiving, recording, handling and responding to complaints by service users and other persons. Regulation 16 (2)
Treatment of disease, disorder or injury	

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Diagnostic and screening procedures	People did not receive care and support from staff that were appropriately trained or supervised to effectively carry out their role.
Treatment of disease, disorder or injury	Regulation 18(2)(a)(b)

### **The enforcement action we took:**

A formal warning notice was issued to the provider requiring them to make improvements by 30 April 2016.