

HC-One Oval Limited

Wombwell Hall Care Home

Inspection report

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Tel: 01474569699

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The first day of the inspection was unannounced on the 29 January 2018, and the second and third days of the inspection the 30 January and 5 February 2018 were announced.

Wombwell Hall Care Home 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. The service comprises of four separate houses, Pickwick House, Weller House, Copperfield House and Micawber House, together with a main administration building. Each house provides residential and nursing care for up to 30 people making a total of 120 people when the service is full. There were 114 people living in Wombwell Hall Care Home at the time of our visit.

The service was run by a registered manager and they were present on the days of our visit. 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.

This is the first time the service has been rated since the change in ownership in December 2017.

People and their relatives told us staff were kind and caring and made people feel safe. They said staff had the necessary skills to respond to people's needs, monitored their health and that people enjoyed their meals. However, we found inconsistency in care practices across the service which meant that people did not always receive the level of care expected.

Systems to monitor the quality of care were not always effective. Potential risks were not always accurately monitored and recorded and records were not always legible, accurate and up to date which could result in people receiving inappropriate staff support.

There was evidence to show that there were at times insufficient numbers of staff on duty to meet people's needs.

Shortfalls had been identified in staff training and plans were not in place on the first day of the inspection visit, to ensure staff received relevant refresher training for their role. Not all staff felt well supported both informally and through formal processes such as staff meetings and supervisions.

Recruitment practices were robust in ensuring only suitable staff were employed at the service.

People's needs were assessed and a plan of care was developed which included their choices and preferences. Guidance was in place for staff to follow to meet people's needs. However the care plans were

not always legible, accurate and up to date to ensure that people's needs were met.

People's health needs were assessed and monitored and the service worked in partnership with healthcare professionals to ensure people received appropriate care and treatment. However, there were examples where the provider had not effectively managed and responded to risk.

Medicines were on the whole managed safely and people received them as prescribed.

The views of people and their relatives were sought through meetings and an annual survey.

Health and safety checks were effective in ensuring that the environment was safe and that equipment was in good working order.

Management systems were in use to minimise the risks from the spread of infection and keep the service clean, although records did not always support this.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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 not always safe.

People's needs were not always met as there were times when insufficient numbers of staff were on.

Potential risks to people's health and welfare were not always acted on, or guidance in place followed to ensure people's safety.

Checks were in place so only suitable staff were employed.

People were supported by staff who had received training and understood their responsibilities in relation to safeguarding.

People's medicines were administered by trained staff.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff required updates in training. Some staff had not been supported through regular supervision

People had a choice of foods which supported them to stay healthy and people's nutrition was monitored.

People gave verbal consent to care and support. Staff supported people in line with the principles of the Mental Capacity Act 2005 and the requirements of the Deprivation of Liberty Safeguards.

People were supported to access health care as needed.

Requires Improvement ●

Is the service caring?

The service was caring.

People spoke very positively about staff.

Most people and relatives told us they were happy with the service they were receiving.

Good ●

Staff had good knowledge of the people they supported. Staff communicated in ways that were understood by the people they supported.

People's privacy and dignity was respected by staff.

Is the service responsive?

The service was responsive.

People were encouraged to make their own choices at the service. Staff would respect people's choice.

People at the service had access to a range of activities. People told us they were happy with the choice on offer. However, people did tell us they would like more opportunities to go on outings.

The registered manager investigated complaints and the provider had ensured that people were aware of the complaints procedure.

The views of people and relatives were sought.

Good ●

Is the service well-led?

The service was not consistently well-led.

There was a lack of oversight of quality which resulted in people receiving inconsistent care.

Quality assurance systems were not always effective in highlighting areas where improvement was needed.

Records did not always accurately reflect people's care and treatment and some records were not all easily accessible.

Requires Improvement ●

Wombwell Hall 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.

The service had previously been registered with a different provider. This was the first inspection after the change in registration in December 2017, and was carried out to check that the service was safe, effective, caring, responsive and well led.

The inspection was carried out on 29 and 30 January and 5 February 2018 and was unannounced on the first day and announced on the second and third days. The inspection took place over 3 days and was carried out by two inspectors, one specialist nurse advisor (SPA) and two experts by experience. An expert by experience is a person who has personal experience of using similar services or caring for family members.

We reviewed the information we held about the service. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We observed staff interactions with people and observed care and support in communal areas. The experts by experience spoke with people who used the service and relatives to gain their feedback of the service. They spoke with ten people, and three relatives in Copperfield House, seventeen people and four relatives in Pickwick House, eleven people and five relatives in Micawber House, and eleven people and four relatives in Weller House. In total the two experts by experience spoke with forty nine people and sixteen relatives.

We spoke with sixteen staff, including the registered manager, deputy manager, clinical services manager, three nurses, eight care staff, the cook and maintenance person

We looked at the provider's records. These included seven people's care records, which included care plans,

health records, risk assessments and daily care records. We also looked at medicines administration records. We looked at nine staff files, a sample of audits, staff rotas, and staff training records.

Is the service safe?

Our findings

People and their relatives all told us that they felt safe at the service. One person said, "Yes, I feel safe", and one relative told us, "My wife feels safe". Feedback from a number of people was that at times there was insufficient staff on duty to meet their needs. Comments from people included, "They try but are so busy all the time", "No way, there is simply not enough staff", and "Well I am still waiting for someone to come and help me, but they just do not come there is too much for them to do". One relative told us, "Care is very good; they do come when they can but you can see they are short staffed, just not enough around that is why I make sure I come every day, or I would be worried". People also told us that staff were not always quick to respond when they used their call bells.

People's needs were not always met. People told us there were times when staff were busy and they had to wait longer for their needs to be met. Comments from eleven people and one relative indicated that at times there were insufficient staff on duty. Comments included, "There is not enough staff, it is so frustrating", "You have to wait so long, staff are very busy", "They are always short of staff, it is a big problem here", and "They need to have more staff". Seven staff told us there was not always enough staff on duty. Comments included, "Staffing levels not good, never enough staff". Observations confirmed this. One person was calling out in Micawber House, and the staff member said they, 'Would go in a while'. It was observed that the staff person attended eight minutes later. We also observed that people who had restricted mobility were being left in one position for long periods of time. Seen in the analysis of the resident and relative survey carried out in July 2017 in the section areas to improve included the comment, 'Sometimes are rushed in the morning', and 'People waiting for the toilet too long at times'. All of these examples support there being not enough staff to meet the needs of the people using the service.

The registered manager told us a specialist dependency level tool was used to assess the staffing levels required to meet the needs of people living at the service. On admission each person's needs were rated according to if they were high, medium or low. This was so that sufficient staffing levels could be maintained. From this tool it had been assessed that for each of the four houses, there should be seven care staff on duty in the morning, that may include a unit manager, a nurse, a senior carer and care staff. There were five care staff on duty in the afternoon, again this may include a unit manager, a nurse, senior carer and care staff. There were three care staff on at night, one of whom was a nurse. Staff told us they were assigned to a house to help ensure consistency, but could also work in other houses if required.

We looked at the staffing rota, and the registered manager provided a breakdown of staffing levels for the month of January 2018. Working on the premise of the numbers of staff given for each shift, the month of January breakdown showed that there were consistently not enough staff to meet people's assessed needs. Agency staff had been used on sixty two occasions throughout January to cover the service, but there remained shortfalls in staffing levels.

In Micawber House there were six occasions in the morning, and five occasions in the afternoon when the staffing numbers were not maintained; in Weller House there were nine occasions in the morning, nine occasions in the afternoon, and three occasions at night when staffing numbers were not maintained; in

Copperfield House there were ten occasions in the morning , eight occasions in the afternoon when staffing numbers were not maintained and in Pickwick House there were eight occasions in the morning, five occasions in the afternoon, and one occasion at night when staffing numbers were not maintained. Therefore, overall there were sixty four occasions during the month of January that the staffing numbers were one staff member short. Sometimes the houses were two staff short and staff moved across houses to assist.

The registered manager told us that it had been a difficult time since the recent change of ownership, as some staff had left at that time. She said that she was actively recruiting. Two new units' managers had just taken up post. On a telephone conversation with the registered manager on 16 February 2018, she informed us that one nurse and three care staff, had completed induction and had started to work at the service, and five more care staff were currently being recruited.

The provider had failed to make sure that sufficient staff were deployed to meet people's needs. This was a breach of Regulation 18, (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Each person's care plan contained individual risk assessments in which risks to their safety were identified, such as their risk of falling when moving around the service, of developing pressure areas, nutrition and continence. Guidance about the action staff needed to take to make sure people were protected from harm was included in the risk assessments. However, there was inconsistency in how this guidance was followed by staff and how effectively people's safety was monitored and managed. One person admitted on the 2 February 2018, sustained a skin tear in the early hours of 3 February 2018. It had been written in the care records that the person legs had gone through the bedrails thereby sustaining a skin tear. Action taken by staff reported that bumpers were put in place over the bed rails to maintain the person's safety after the incident. The injury could have been avoided if the bumpers had been in place covering the bedrails when the person was first admitted and assessed as requiring the use of bedrails to maintain their safety. A risk assessment was put in place dated 3 February 2018.

The providers policy was that a record was made of any accident or incident which included a description of what had occurred, any treatment given and who was informed such as the next of kin, local authority safeguarding or The Commission. The head of each house reviewed these events monthly. However, the incident on 3 February 2018, where a person had sustained a skin tear due to bumpers not being in place had not been recorded. Therefore, it had not been brought to the attention of the management team for review, to see if there had been any common themes or patterns.

For people at risk of developing pressure ulcers the specialist equipment they required, including airflow mattresses and cushions had been provided. The maintenance person told us that the mattresses used were self-adjusting to the person's weight once set up. Positional change records were in place which specified the frequency people should be moved and staff recorded if the person was positioned on their back, left or right side. These actions helped to make sure people's skin remained healthy. However, there were gaps in some people's records which indicated they may not have been repositioned as required. These included, for one person it had not been recorded how often they should be moved, but the record showed that they had been repositioned approximately every two hours. However, there was a gap of more than five hours between 15:38 and 21:15 on the 4 February 2018. For another person a two hour monitoring form recorded on the 3 and 4 February 2018, showed two periods one for four hours and fifty five minutes and one for nearly four hours when it had not been recorded that the person had been monitored every two hours as required.

The provider had failed to effectively manage and respond to risks to ensure people received safe care. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were stored appropriately and safely. Medicines were stored in a dedicated room in each of the four houses, which was organised and clean. One person said, "The nurses are very good, I always get my medicine on time every day and when I require it. The nurses ask me whether I require my pain killers all the time. I can't remember a time when they were late. I understand that it can be late given that they are very busy, but it has never happened to me. You can't argue with this and they are always polite and patient". Another person said, "I look forward to medicine time because the staff talk to you and it is very nice. The staff are nice but they don't always have the time to talk to you. They have too much on their plates". People were supported to have their medicines safely and in the way they preferred. Medicines were only administered by nurses who had been trained and regularly assessed as competent to do so. However, the records of staff training provided showed that ten staff were overdue an update in medication management training. This is reported further in the 'Effective' domain of this report.

The service was using the previous provider's policies and procedures. As the service was under new management, we were told by the registered manager on the third day of the inspection that the policies and procedures of the new company were being introduced during the month of February 2018. All the nurses were aware of this. One nurse told us, "We also refer to the NICE and NMC guidelines". There were copies of the policies and procedures readily available on all the units together with NICE and NMC guidelines. There were also copies of the latest BNF (British National Formulary September 2017). There was a record of declaration from staff that they had read and understood the policy together with staff signatures and initials. This was not up date.

Nurses were allocated to administer medicines at the times prescribed. There were "Do not disturb" tabards available to the nurses, but they were not worn during a medicine round. One nurse told us, "I choose not to wear one because I notice that it does not make any difference. People always come to me during medication and I know how to deal with the distraction". Another nurse told us, "The other staff are very good when it comes to distractions; they always make sure that we are not distracted". Records relating to the management of medicines were completed fully and accurately, and were written clearly and legibly. Each record had an up to date photograph and the nurses confirmed that the person or next of kin had consented to the photographs being taken.

There was also information for people available in the medicine rooms. However, staff did not always make use of the information available to them to ensure that all the necessary steps were taken to ensure that people received their medicines safely and that necessary steps were taken to prevent any harm from side effects. For example, in all the houses, a medicine Alendronic Acid was in use. The staff did not know about most, if not all the measures that should be followed to ensure that the person was protected from the risk of poor absorption of the medicine and the risk of ulcers. They did not know about the side effects of the medicine. There are specific instructions to be followed when administering this medicine.

The medicine rooms were clean. All the nurses said they were cleaned daily but there was no cleaning schedule. Medicines that required to be kept cool were kept in the fridge. The temperature of the room and fridge was not consistently taken daily to make sure medicines were kept at the required temperatures so they were effective. Records showed that in two houses, the records were not taken on two days and one day respectively.

There were systems in place for the ordering, storing, dispensing and disposal of medicines. Medicines were

ordered in a four weekly cycle. One nurse told us that, "Medicine are always available on time for the people because we have a very good system. I send the request on time, checking them with a colleague. The medicines arrive at least four days before the beginning of the new cycle. This gives us plenty of time to resolve any issues in readiness for the people to have their medicines ready".

There were some discrepancies in medicine management which meant that it could not be assured that people were given their prescribed medicines. In Micawber House staff had signed to say they had given one person their medicine, but it had not been given. Also a medicine prescribed for epilepsy, prescribed on 10 April 2017, was last reviewed on the 27 July 2017. The nurse told us, "No excuse it should have been reviewed but was not, I will speak to the doctor and arrange a review". In Pickwick House there was no reason recorded why one medicine had not been given for four days. In two houses the PRN 'when required' medicines had not been reviewed every three months as indicated by the PRN protocol. In Weller House, the PRN protocol for one person had no review date and in Copperfield House a PRN protocol for one person was reviewed in January, May, August 2017, next to be reviewed November 2017, however this had not been reviewed.

Body maps were used to indicate the site for the application of topical creams. There was guidance on the form to indicate the name of the application, frequency, and the site of the applications. One nurse told us, "We check the forms daily to see that people are applying and recording the creams properly". The majority of records evidenced that people received their topical creams when they were required to maintain healthy skin. However, for one person who required a cream to be applied twice a day, breakfast and bedtime. The record showed that the cream had been applied once on the 26 January, three times on the 27 January, once on the 28 January, no record for the 29, 30 and 31 January, once on the 1 February, no record for the 2 February, once on the 3 February and no record for the 4 February 2018. Another record stated 'Apply to affected area twice a day', was recorded as once on the 3 February, and once on the 4 February 2018.

There were weekly audits of medicines carried out by all the houses except Pickwick House. The nurse in Pickwick House told us, "I know that we have to do this every week, but I have to be honest I have not done it for some time". On one of the other houses a nurse told us, "I complete the audit weekly. If there is anything I contact the nurses and get them to rectify it. For example, if people have forgotten to sign the MARS I contact them and get them to sign". There were no action plans on the audit tool.

On the second day of the inspection visit the registered manager gave us written information to evidence that issues raised by the SPA had been immediately addressed.

People at the service were protected against potential abuse. The provider had a system in place to recognise, record, investigate and track safeguarding incidents. Staff received training on safeguarding. However, the records of staff training provided showed that 109 staff were overdue an update in safeguarding of vulnerable people training. This is reported further in the 'Effective' domain of this report. Staff we spoke with were able to tell us about the different types of abuse and who they can report it to. One staff member said, "If I had any concerns I would report it to the manager". The registered manager said there had only been one safeguarding concern raised in the last year, and this had been closed.

The provider followed safe recruitment practices that ensured that staff were safe to work in a care setting. We looked at the personnel files of eight members of staff. Staff records showed that, before new members of staff were allowed to start work, checks were made on their previous employment history and with the Disclosure and Barring Service (DBS). A DBS check helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care and support. There were also copies of other relevant documentation, including character references, job descriptions and application forms in

staff files. All staff received an induction and shadowed more experienced staff until they could demonstrate a satisfactory level of competence to work on their own. They were subject to a probationary period before they became permanent members of staff. Disciplinary procedures were followed if any staff behaved outside their code of conduct. This ensured people and their relatives could be assured that staff were of good character and fit to carry out their duties.

People continued to be protected from potential cross infection. Staff confirmed they understood their responsibility to assist people to maintain the cleanliness in the service. People told us that the staff used person protective equipment such as gloves and aprons, as appropriate. One person said, "Yes they do they are good about the gloves and aprons". Staff received food hygiene and infection control training. However the staff training information provided by the registered manager and dated 15 November 2017, showed that in relation to infection control 45 staff were overdue an update, and for food hygiene 55 staff were overdue an update. This is reported further in the 'Effective' domain of this report.

People continued to live in a clean environment. People and their relatives told us that the service was cleaned daily and was maintained to a consistently high standard. Housekeeping staff cleaned surfaces and floors throughout the day. The housekeeping staff worked hard to ensure there were no unpleasant odours throughout the service.

Checks on the premises and equipment were carried out to ensure the service was safe for people and staff. This included daily walk arounds, regular servicing and visual checks of fire-fighting equipment, gas and electricity supply, water in relation to its temperature and for legionella, window restrictors, hoists and wheelchairs. A maintenance team were employed to respond in a timely manner to any repairs needed.

Records showed that there were arrangements in place to keep people safe in an emergency. The policies and procedures identified the service contingency plans to guide staff as to how they should react in an emergency; for example, if there was a fire, flood or loss of electricity at the service. There had recently been a flood in the main building that had been appropriately managed. The registered manager showed us the risk assessments that had been completed in order to maintain staff and people's safety during this time.

Each person had a personal emergency evacuation plan (PEEP). These identified the individual support and/or equipment people needed to be evacuated in the event of a fire, that gave staff guidance on what support is required for an evacuation. Each unit had its own fire risk assessment in place and their own testing of fire equipment that included fire extinguishers, alarms and lighting. However in Pickwick House, the 'Resident Register' kept in the emergency folder was not up to date. On the 29 January 2018, on the first day of the inspection there were four people on the list that we were told were no longer at the service. There was one new person that was not on the list. The list was dated 15 December 2017, and the instruction on the form was that it was to be updated and printed off on a Friday. The nurse on duty said that they would amend the record immediately. Staff undertook fire training and fire drills. However, the staff training information provided by the registered manager and dated 15 November 2017, showed that in relation to fire training 42 staff were overdue an update. This is reported further in the 'Effective' domain of this report.

Is the service effective?

Our findings

People and their relatives told us staff knew people well and provided them with the care they needed. People and their relatives told us the staff team had the skills and knowledge they required to meet their needs. They said it was reassuring that the service arranged all appointments with health care professionals so they did not have to worry about doing so. One person told us, "Yes, there is a doctor who comes regularly". Another person said, "If I want to see someone they come".

Although most staff felt supported, they had not received the training and supervision they required for their roles.

New staff completed an induction which included reading policies and procedures, shadowing senior staff, understanding responsibilities and undertaking training essential to their role. Staff said this gave them the skills and knowledge they required to support people. The training record for the service was held and updated centrally. The information provided by the registered manager indicated that many of the staff were overdue for training updates that included, safeguarding, infection control, moving and handling, basic food hygiene and fire training. The registered manager told us that the new company would be arranging training updates in due course. On the third day of the inspection visit, the registered manager said that she had arranged for fire training and moving and handling training. On a telephone conversation with the registered manager on 16 February 2018, she confirmed that fire training had been undertaken, and that moving and handling training was booked for the 6 and 8 March 2018.

The registered manager checked how staff were performing through an established programme of supervision (one to one meetings), clinical supervision for nurses, and an annual appraisal of staff's work performance. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff reported an inconsistency in regular supervisions. Some staff told us they had had regular supervision. One member of staff said, "No supervision, but had a yearly appraisal". Another member of staff said, "I have not had supervision for ages". A member of staff who started work in September 2017, reported that they had not had a supervision meeting to date. Some staff had received supervision, but records seen showed inconsistency as only five records were seen for September 2017 and five records for November 2017. We were told by the clinical services manager that there must be more supervision records and that they would follow this up. However we were not shown any further supervision records for the period from September 2017 to date.

The provider had failed to effectively support staff to update their training, and to ensure staff received regular supervision. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The nursing team had been supported through the revalidation process with the Nursing and Midwifery Council (NMC). The NMC sets standards of education, training and performance so that nurses can deliver high quality healthcare.

Staff told us they felt well supported by their colleagues, senior staff and the management team. They said it was difficult going through a change of management, but said there was good communication in the house in which they worked. However, we found that recently staff had not been supported with training and supervision.

Staff and management demonstrated understanding of the Mental Capacity Act 2005 (MCA) and DoLS. Staff had received training to support them to identify if someone may need an assessment. All the staff we spoke to could identify the main principles of MCA. The management understood when a Deprivation of Liberty Safeguards referral was required. The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards, which applies to care homes. Appropriate applications to restrict people's freedom had been submitted and the least restrictive options were considered as per MCA. People can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005 and whether any conditions on authorisations to deprive a person of their liberty were being met. Care plans for people who lacked capacity, showed that decisions had been made in their best interests. We found that this process protected the person's rights.

Staff asked people verbally for consent when it was required. Staff would ask for permission before carrying out personal care or assistance with daily tasks. One person said, "Yes, they do ask and are caring, the staff are good if they were not so rushed". Another person said, "Oh yes, they always explain and ask very kind and helpful". The provider had ensured that systems were in place to obtain formal consent from people for sharing information with other professionals and the use of photos. People who had capacity signed the forms and these were available in care plans. However, we found that not all forms had been signed.

People's needs had been assessed before they moved to the service to check whether it could meet their needs. Assessments included aspects of people's health, social and personal care needs including their medicines, communication, nutrition, continence, skin integrity and mobility. The service made referrals and sought advice from other professionals, such as a person's GP, district nurse, speech and language therapist, tissue viability nurse and dietician when required.

People at the service were being supported by staff to attend routine health visits and were being referred to health professionals when appropriate. Care plans identified that the provider involved a wide range of external health and social care professionals in the care of people. These included speech and language therapists (SALT), and nurses from the local Hospice. People we spoke to told us they had regular appointments with their GP, opticians and chiropodist. Each person had a professional visit log that identified that a person had been seen by a health professional and recorded any guidance given. For example, on 11 January 2018 a person was prescribed medicine for a swollen knee due to arthritis.

The provider ensured that people's nutritional and hydration needs were being met and care plans contained nutritional assessments. In one care plan it identified that the person had type two diabetes, and that this was controlled by diet and monitored. The people we spoke with were happy with the standard of food provided. One person told us, "The food is quite acceptable, I have had to get used to a different type of way now I am in here, but the food is always very well cooked. I get a choice and the menu comes around every day and the staff chat through what I might like, all that is very good". Other people told us, "Good food here, well cooked", "Food is very good", "Very good, tasty, good choices", and "They ask us every day, always something I fancy, smells good and is good". The cook told us the menu was based on a four week rota. She told us about the meals she cooked and how she had learnt recipes and cooked a range of meals

to meet cultural needs. The curry dish she spoke about was one enjoyed by many of the people at the service. Food was prepared on the premises. People told us there was a choice of meals on offer. There were ethnic and vegetarian options, together with soft diets and diabetic diets catered for. Temperature recordings for fridges and freezers were maintained, to ensure food was stored at the correct temperature. We noted all surfaces and food preparation areas were clean and tidy and subject to a cleaning rota, signed off by kitchen staff when completed. There were also audits in place to ensure the on-going safe and effective management of food and drink provision.

People's needs in relation to food and fluids were assessed and the support they required was detailed in their care plan. People's weights were monitored and when there had been concerns about people losing weight, a fortified diet had been introduced to increase their nutrition. For people at risk of dehydration or malnutrition a record was kept of the person's daily food and fluid consumption. This included the food the person was offered, how much was eaten, if the food was refused and the amounts of fluid consumed. However, we found inconsistency in the record keeping. For example, a record seen for the 2 February 2018 indicated that the person was admitted from hospital, sandwiches were offered which were refused as 17:30. There were no further entries on the food intake diary form. Fluids charts did not give a full record of the fluids taken; therefore it was difficult to ascertain if the person had drunk sufficiently.

Is the service caring?

Our findings

People and their relatives said that staff were kind and caring. When asked if staff treated them with kindness. People said, "Yes, very good and careful", "So kind, and lovely, I am lucky", and "They are kind". Relatives said, "You can tell the staff are kind they make you feel comfortable and want to help, some lovely, lovely staff here", and "Everyone is lovely, it is so happy and cheerful and caring here, the cannot do enough".

People at the service told us they were very happy with the staff. Feedback was that people were always treated with dignity and respect and that their independence was respected. Examples of how this was achieved were that staff always knocked on people's doors before entering; and that when providing people with personal care, staff did so in a way that respected their privacy and chatted to them to put them at ease. People said, "Yes, they do care and respect me", "Yes, they do respect my privacy", and "They think about the way they care for you here with respect and kindness". One relative said, "They do respect her privacy, they show care and respect". There was positive interactions interaction when the nurse was administering medicine. They knocked on the door, asked permission to come in and informed the person about the purpose of their visit, "I have come to give you your medication, is it ok". When they had given the medicine they thanked the person, and made sure that they was comfortable. This was a very person centred approach to care, where the nurse respected the person's dignity, involving them at all times and giving then information.

People benefitted from staff that showed concern for their well-being and responded in a caring and meaningful way. Staff greeted people by name when they saw them, asked them how they were and took time to listen to their responses. Staff used appropriate physical touch. They touched a person to reassure them, offering a helping hand to guide a person and joined in hugs if they were offered or initiated them when people were upset which had a calming effect. Staff listened to people and talked to them in an appropriate way so they could understand. When speaking to people staff adjusted themselves so they were at the same level as the person and maintained eye contact so it was easier for the person to hear and join in the conversation. Staff also made people feel valued and praised them for their achievements. They commented to some people on their smart appearance and how good people looked.

People's cultural and religious preferences were respected. People told us, "You can attend a service on a Sunday I think it is praiseworthy, sometimes I go, not my Church but sometimes I do enjoy attending. I also go in a taxi to my Church from time to time", and "They do have information about that yes, they keep us informed and you can go to different services if you want to". Records showed that religious services took place at Wombwell Hall. The food menu incorporated people's cultural preferences and the service had a team of volunteers, that included people from different cultural backgrounds. People's care plans stated if they followed any religious beliefs and documented any cultural preferences such as food choices.

People and their relatives were involved in decisions about their care and treatment. People said, "Yes, they do explain but I ask all the time, I am not sure what it is like for those who cannot ask or are not sure", "They always ask and yes I do feel involved", and "Yes, they do really and I can ask what I like to do, they do seem

to care here". Care plans and daily records showed that people and their families were involved with their care as much as possible.

Relatives said that as some staff had worked at the service for a long time, they knew people well and how to care for them in an individual manner and in relation to their gender and culture. People said that male and female staff were available to support them and they had been asked for their choices and preferences and these were respected. Care plans included information about people's individual methods of communication such as if they could understand a conversation, required simple instructions, or if staff needed to be mindful of a hearing or sight impairment.

There was information on display in the houses, that gave people and their family member's information about advocacy services available which provided independent support and advice. Leaflets about the local services and their contact details were also kept in people's care files so staff that cared for the person were aware of them and could access them when needed.

Is the service responsive?

Our findings

People told us they took part in activities that were suited to their choices and preference. One person told us, "That is what I do enjoy every afternoon up to fifteen of us, it depends each day. We go to one of the houses and play cards or quizzes there is always a change. I like the fact that it takes place in different houses each day a real feeling of going out". Another person said, "Activities are good, every day you can go to one of the other houses and they set them all up. I enjoy that very much keeps my brain going, lots of choices and they have outings to the local cafe and I think they go to the pub. They do think about things to keep you busy. In the summer it is lovely we can all sit out in the garden and the staff help you". For people who were unable to leave their room, they commented, "Well I have to stay in his room, so no I do not take part (in activities) it drives me mad all day long nothing to do", and "I just sit here all day, so boring but what can you do". People were able to follow their religion and beliefs. Regular Christian services took place at the service, which reflected people's beliefs.

There was an inconsistency in people's experiences of how they were supported to follow their interests. Where an activity coordinator was based in a house they had checks in place to make sure everyone was involved and adapted activities to people's abilities and interests. For people who did not engage well in group activities they made sure they received one to one attention such as reading to them, engaging them in a particular object or listening with them to music. Houses without an activity coordinator were reliant on a member of care staff taking the lead and this depended on how busy they were with care tasks. We observed periods where people in some houses spent long periods of time with little stimulation which resulted in them going to sleep. On a telephone conversation with the registered manager on 16 February 2018, she confirmed that she was currently interviewing for an activity person for one of the houses.

People received the Wombwell gazette on a quarterly basis. This listed upcoming events and had short articles on events that had happened. People were given every Monday a copy of the activity plans for the week, which they could refer to when they wanted to see what was happening during the week. The activities for the day were written on the white board every day for people to refer to. The monthly and weekly planner was displayed on notice boards in each of the houses.

The activity coordinator knew people well, approached them individually and offered them a choice of activities. Some people watched television while others read books or magazines and other people were colouring or doing puzzles. External entertainers visited the service and included visits from voluntary organisations and people from the local church. Trips out had included visiting a local pub, visit to a dementia café and visit to a local church service.

People and their relatives told us that they could visit at any time. This means that people could keep relationships with their families and friends. One person said, "All the time, any day family can come in". Another person said, "Yes, people come in and out all day, that is a good thing". Relatives told us there were no restrictions on visiting and they could come and go whenever they wanted. One person told us, "I come in every day". Another person said, "I can come and go when I please, I am always made to feel welcome".

People and their relatives were encouraged to communicate their views on the service they received. The registered manager showed a copy of the analysis of the resident and relative survey carried out in July 2017. Overall the feedback was positive. Positive comments included, 'Like the care staff', 'Happy with service', 'Care home is excellent with lovely staff', and 'First class service'.

Resident meetings took place on each unit and family members were welcome to attend these. We asked to look at the minutes of these meetings and the registered manager showed us a record of a residents and relatives meeting, in amongst records of meetings for various groups of staff. There were no records shown to confirm that the meetings had taken place in each of the houses.

People had a care plan which set out their care needs and how they could be met. Some people and their relatives said that they were consulted about the development of the plan and involved in any changes and reviews, other people said they had not been involved. There was a summary of people's physical, mental, emotional and social needs at the front of each person's care file which gave staff an overview. This included how to communicate with the person, what support they required with their personal care, if they needed support to move and any health issues that needed to be attended to. However these records were not always legible, accurate and up to date. For example, a summary form for one person was not up to date. The person's health had deteriorated, and the summary form dated 6 December 2017 did not reflect this, or inform staff that the person was now receiving end of life care.

Care plans were not always regularly reviewed and dated to indicate when people's needs had changed. Information about people's personal history, individual preferences, likes, dislikes and interests was sought. For example, for one person there was no information in the care plan under safety, moving around, skin care, going to the toilet, eating and drinking, breathing and circulation, mental health and well-being and future decisions. The nurse on duty was unable to give any reason why these sections of the care plan had not been completed. Record keeping is reported on further in the Well Led domain of this report.

People had oral risk assessments that identified to staff the level of support that was required to support people, such as assistance with brushing teeth. People's records showed that people were receiving personal care that was appropriate for their needs. People's pre-admission assessments were thorough and identified what support people needed prior to placement at the service. People who had restricted mobility were being risk assessed and supplied with equipment that was appropriate to their needs. People also supplied their own equipment to improve their own experiences living at the service. However, one person told us, "I cannot bear being stuck in this chair all day, I never get out of this room, we have asked and asked about a wheelchair, I know it needs two of them (staff) to help get in and out but I cannot bear sitting here all day, it is not right".

The provider had a complaints procedure in place that was available to people using the service. People and their relatives told us they knew how to complain and if they had any concerns they would tell the management. People said, "Yes, I would go straight to the manager, well we have told her about the shortage of staff, we will have to see", "I have no complaints all are lovely", and "I would talk to (nurse lead), she would help me". All recorded complaints were kept in a complaints file and included all investigations, outcomes and how this was communicated to the people involved. The registered manager had investigated complaints according to the provider's policies and procedures.

People and their family members were asked about any future decisions and choices with regards to their care. This included if they had any religious or spiritual beliefs, choices about where they wanted to be cared for at the end of their life and there was a staff prompt to complete an advance care plan as appropriate. Advance care plans set out what is important to a person in the future, when they may be unable to make

their views known. Relatives said they were involved in discussions about how to support people at the end of their lives. The service worked in partnership with the local hospice to make sure that people's changing needs were regularly reviewed. Nursing staff told us that anticipatory medicines were in place to manage symptoms and pain at the time when it was needed.

Is the service well-led?

Our findings

Many people and their relatives were positive about people's experiences at the service. Comments from people included, "A good team here they do support each other and are well led", "They are wonderful", "All very good and helpful, and "Yes, I would go and ask if I needed something, but I do not see her (manager) around very much". Staff told us, "I enjoy it", "Good team we all work together", and "On the whole a good place to work, could not imagine working anywhere else".

There was a lack of strategic oversight and management of the service which had a direct impact on the quality of the care and support people received. The quality monitoring systems for the service had failed to identify shortfalls and inconsistency in practice across the service in relation to maintaining sufficient staffing levels, staff training and supervision, record keeping and audits. Therefore, the service could not demonstrate it was continuously evaluating and learning from events to drive forward improvements in service delivery.

Records in respect of people's care and treatment were not always legible, accurate or easily accessible which meant that people may not receive the support and treatment they required to meet their needs. Nurses under their Code of Conduct are required maintain legible and accurate records. Handover records did not always give the most up to date information. For example, the nurse in Pickwick House was not aware that medicines had been prescribed for a person receiving end of life care, and was unable to advise whether the medicines had been collected or received by the service. The handover records did not contain all the information required in order for the nurse to follow up and address this issue. It is clearly shown throughout this report the areas in which the records were inconsistent. These included daily records, positional change records, eating and drinking monitoring charts and supervision records.

Auditing processes were not effective as action was not always taken to address shortfalls identified. Quarterly audits were carried out which were to look at if the service was safe, effective, caring, responsive and well-led. The head of each house was responsible for undertaking audits in key areas such as falls, hospital discharges, safeguarding, wound care, specialist diets and at end of life care. It was the responsibility of the unit manager to escalate significant issues to the management team. In relation to audits, action plans seen referred to 'Areas for action', 'Action required', 'Who by', 'Timescale', 'Expected Outcomes', and 'Please print and sign when complete and return to the clinical services manager'. The action plan seen with the timescale 18 January 2018, showed the five actions recorded had not been signed off. Another action plan with timescales 31 January 2018 with 11 actions, two of which stated 'immediately'. None had been signed off as completed. For example, area for action - thickened fluid protocols, the actions required stated, 'Are not being completed for every drink given. If it is not written down it did not happen. We are going for days without documenting'. Another example, are for action, nutritional scores for two people the action required stated, 'Inaccurate and not fully completed'. Areas that need improvement were being recorded; however it is not clear that any action was being taken to address these issues. Therefore people's needs were not being met.

Despite the quality monitoring systems in place further improvements were required to drive the service

forward to ensure people were receiving safe, effective, caring, responsive and well led care.

Quality assurance processes had not been successful in recognising all of the issues we identified in this inspection; such as management of risk; person centred care; records in respect of people's care and treatment not always being accurate; staffing levels; and staff training. The registered manager had acted in a reactive manner to concerns and issues within the service. For example, on the third day of the inspection the inspectors were shown a copy of a carer supervision and a nurse supervision that had been given to all staff. The list included for care staff, 'Topical medication charts need to be completed every time required and signed by nurse in charge. This is currently not being done every time that topical medication is prescribed. This makes it look as though we are not following the prescription', and 'Food diaries - Need to ensure that everything that is offered to the resident is documented in the food diary. If we do not document it all it looks as though the resident is not being offered enough food. Even if they refuse it must be documented'. The nurse supervision notes included, '24 hour hand over sheet in place. This must be used to form the base of the morning and evening handover', and 'Catheter care plans need to involve the correct cleaning method and include the date it is due to be changed. It is important that this is documented on all catheter care plans'. However, acting in this way showed that the provider was not proactive. They were not carrying out sufficient monitoring and checks of their own to have sufficient oversight of the service and were not considering good practice guidance to inform how the service continuously improves.

The provider had not ensured people's records in respect of their care and treatment were accurate and up to date. The provider's quality assurance systems had not always been effective in identifying shortfalls within the service. If shortfalls had been found they had not always been addressed. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff spoke highly of the registered manager and found them to be approachable and supportive. Staff said that management team had an open door policy that they felt supported and their views were listened to. Staff said they were proud to work for the service, knew people well and showed compassion and genuine interest in people's welfare. People thought the staff worked well together. The registered manager held meetings with different groups of staff, for example unit managers; nursing staff and care staff. However, from the records shown to us by the registered manager there had been no meetings recorded since August 2017.

Compliments received by the service included, 'Excellent care received on Weller, for the year she spent there. The nursing staff, carers, activity team and housekeepers were always very caring and helpful to both my Mother and my family', 'I always felt my Mother was safe and well cared for', 'So many of the staff went the extra mile to make sure that my relative was made comfortable and treated with consideration and respect', 'We just wanted to thank you for looking after our dear Mum. You all do an amazing job in a kind and dignified manner which is much appreciated'.

A report last year from the University of Kent on 'Measuring quality in Care Homes', reported that the 'Support and care provided by Wombwell Hall makes a sizeable difference to residents lives and that without the support their quality of life would be quite a lot worse'.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. The registered manager had submitted notifications to CQC in an appropriate and timely manner and in line with guidance.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had conspicuously displayed their rating in the reception area and on their website.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People could not be assured they would receive care in a safe way as the service was not doing all that was practicable to respond to significant events and mitigate assessed risks.</p> <p>Regulation 12 (2)(a)(b)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems in place for assessing, monitoring and improving the service were not robust.</p> <p>People's care and treatment records were not all accurate, or accessible to ensure people received the care they required.</p> <p>Regulation 17 (2) ((a) (b) (c)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider and registered manager failed to deploy sufficient numbers of staff to meet people's needs.</p> <p>The provider and registered manager failed to ensure staff had received the necessary updated training and regular</p> <p>Regulation 18 (1)(2)</p>

