

Alliance Care (Dales Homes) Limited

Wheaton Aston Care Home

Inspection report

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Wheaton Aston
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Tel: 01785840423

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12 September 2017
13 September 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This was an unannounced inspection carried out on 12 and 13 September 2017 in response to concerns we had received regarding staffing levels during the night time.

This report only covers our findings in relation to this issue.

We last inspected Wheaton Aston Care Home on 31 January and 2 February 2017. At this inspection we rated them as "requires improvement" overall. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wheaton Aston Court Care Home from our website at www.cqc.org.uk

Wheaton Aston Court Care Home provided nursing and personal care for up to 36 people some of whom were living with dementia. At the time of this inspection 30 People were living there.

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 and has the legal responsibility for meeting the requirements of the law; as does the provider.

People, relatives and staff told us that staffing levels at Wheaton Aston Care Home were sufficient to meet people's needs safely and care was delivered in a way people wanted.

Staffing rotas indicated that staffing levels were consistently maintained.

The provider and registered manager utilised a dependency tool to identify each person's dependency needs, which then enabled the service to calculate the numbers of care staff required to safely support them.

The registered manager and provider had looked at people's experiences of nights and made changes to improve the quality of care they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People's needs were met by enough staff during the night time who supported them safely.

We could not improve the rating for 'safe' from requires improvement at this time, because to do so required evidence of consistent good practice over time. We also only looked at the aspects of staffing rather than looking at the whole question relating to 'safe.' We will review this during our next planned comprehensive inspection.

Requires Improvement ●

Wheaton Aston 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 was planned to check 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.

We undertook an unannounced focused inspection at Wheaton Aston Care Home during the night of the 12 September 2017 and morning of the 13 September 2017. This inspection was undertaken in response to specific concerns that had been raised with us regarding staffing levels during the night time.

We inspected the service against one of the five questions we ask about services during an inspection, to ensure they were meeting legal requirements, in this case, 'Is the service safe.'

The inspection was undertaken by one adult social care inspector. Before the inspection, we reviewed all the information we held about the home. We reviewed statutory notifications and safeguarding referrals.

We spoke with four people, one relative, four care staff, including two nurses and two care assistants, the registered manager and the regional manager.

During the night of 12 September 2017 we spent time in communal areas of Wheaton Aston Care home observing staff members routines. During the day of the 13 September we spoke with people about their experiences of care throughout the nights. We looked at the care and support plans of two people with a focus on their night time routines and needs. We also looked at a sample of the providers night time "spot checks". We had sight of a random sample of staff rotas and the nurse call system print-off which indicates when people request assistance and when they are responded to.

Is the service safe?

Our findings

People we spoke with were supported by sufficient numbers of staff to meet their needs and to keep them safe throughout the night. One person told us, "I have a good restful night's sleep. I don't get disturbed." Another person told us about changes that had been made by the provider in recent months. They said, "I have one of the nurse call buzzers outside of my door. At night this used to go off and keep me awake. They (registered manager's name) found a way to turn down the sound during the night. Now it doesn't bother me at all and I have a good night sleep."

We asked people about the response time of staff during the night should they need help or assistance. One person told us, "I have one of those buzzer things. They (staff) are always quick at responding. I never have to wait." Another person told us, "Sometimes if they (staff) are supporting me and the call goes off they have to leave me and answer it. I understand this as someone could be in trouble. It doesn't bother me and I know they will come straight back." A relative we spoke with told us they believed their family member was appropriately supported and that they never had any concerns about the care they received. They said, "I don't think I have ever asked anything specifically about the nights but I am sure [relative's name] would certainly tell me if there was ever a problem."

We looked at a random sample of the nurse call response times for several nights throughout September 2017. There were no significant delays in people requesting assistance to staff members responding to them.

Staff we spoke with were overall content with the numbers of staff members available throughout the night. One staff member said, "Everyone who works in care thinks we could do with more staff. It is just human nature. However, no one ever goes without here. If we need to move some of the additional things we do during the night, like laying the breakfast tables, then we do it. Sometimes if we don't complete something we can pass it to the day staff. This is how a team works. Our priority is that people are looked after." Another staff member told us, "What some staff need to understand is that some people, when first moving in, can be disorientated. At the very least they can be upset and anxious especially if this is the first time they have had to leave their house and live in a care home. We spend time with people reassuring them and supporting them to settle." One person told us, "I like to have my door open during the night as I like to see what is going on. They (staff) will come in and have a chat with me if they see that I am awake. I like that."

We asked people about their routines during the night and when getting settled for bed. One person said, "They (staff) know my routine. I don't like going straight to bed but I do like to get ready and then watch the TV for a while. It helps me. I have never been pressured to fit in with what staff are doing and they will always support me as and when I want." We saw one person walking around their home before deciding to get ready for bed. They told us, "I always like a stroll before bed. It helps me sleep better." We later saw this person asking staff for assistance to get to ready for bed which was then provided at a time they wanted. The care and support plans we looked at detailed the assistance people wanted and needed during the nights. The staff we spoke with knew what was contained in these plans and supported people in a way they wanted.

The registered manager told us that since our last inspection they have made a number of changes. This has included a trial period where they have introduced an extra member of staff on a couple of nights a week between 18:00 and midnight. They told us this was as a response to the perception from staff that this time was a busy period where additional support was needed. They went on to tell us that following the trial they are looking at slightly changing the time from Midnight to 23:00 and to roll it out across the full week. In addition the registered manager told us they had made alterations to the nurse call system which now enters night "mode" at a certain time to reduce the potential for disturbance of people's sleep patterns. Staff members told us that they are regularly asked by the registered manager how nights were and if any improvements were needed. One staff member said, "They (registered manager's name) is always popping in and talking with us to see how things were. We have regular night time meetings and can raise anything we want." We saw details of night time "spot checks" completed by the registered manager which formed part of the provider's quality monitoring system to ensure good care was provided.