

Wetley Manor Residential Care Home Limited

Wetley Manor Care Home

Inspection report

Abbey Road
Wetley Rocks
Stoke On Trent
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ST9 0AS

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We completed an unannounced inspection at Wetley Manor Residential Care Home on 9 February 2016. At the last inspection on 21 May 2013 the provider was meeting the required standards.

Wetley Manor Residential Care Home is registered to provide accommodation with personal care for up to 22 people. People who use the service may have physical disabilities and/or mental health needs such as dementia. At the time of the inspection the service supported 20 people.

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

We found that medicines were not always managed in a way that kept people safe from the risk of harm.

Staff and the registered manager understood their responsibilities and action to take where abuse was suspected.

People's risks were assessed and managed. Staff understood people's risks and ensured people were protected from harm, whilst promoting their independence.

We saw there were sufficient, experienced and competent members of staff available to meet people's needs. The provider had safe recruitment procedures in place.

People were supported by staff who had received training, which gave them the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care and the provider followed the requirements of the Mental Capacity Act 2005 where people lacked the capacity to make certain decisions about their care. Deprivation of Liberty Safeguards (DoLS) were in place for people who required certain restrictions to protect their safety and staff understood how these needed to be adhered to.

People told us that they had positive mealtime experiences. Where people were at risk of malnutrition there were plans in place to ensure they received sufficient amounts to eat and drink.

People were supported to access other health professionals to maintain their health and wellbeing.

People were supported in a caring and compassionate way that protected their privacy and dignity. Choices in care were promoted by staff and people's choices were listened to and acted on.

People were involved in their care. People's preferences had been taken into account and staff knew people who used the service well and knew their likes and dislikes.

People were supported to be involved in meaningful hobbies and interests within the service. People's religious needs were met.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

The registered manager led the staff team well and worked closely alongside the provider to promote openness and transparency within the service. The ethos of care was clearly promoted by the management and the staff followed this when providing care.

There were systems in place to monitor the quality of care people received and people's feedback was sought and acted on to make improvements.

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 consistently safe.

Improvements were needed to the way that medicines were managed to ensure that people were safe from the risk of harm.

Staff and the registered manager understood their responsibilities and action to take where abuse was suspected. People's risks were assessed and staff ensured people were protected from harm, whilst promoting their independence.

We saw there were sufficient, experienced and competent members of staff available to meet people's needs. The provider had safe recruitment procedures in place.

Requires Improvement 

Is the service effective?

The service was effective.

Staff had received training, which ensured staff had the knowledge and skills to provide appropriate care that met people's needs.

People consented to their care and where people were unable to consent the provider followed the requirements of the Mental Capacity Act 2005.

People told us that they had a positive mealtime experiences. People that were at risk of malnutrition had plans in place to ensure they received sufficient amounts to eat and drink. Advice was sought from professionals and carried out to ensure people's risks were lowered.

People were supported to access other health professionals to maintain their health and wellbeing.

Good 

Is the service caring?

The service was caring.

People were supported in a caring and compassionate way that protected their privacy and dignity. Choices in care were

Good 

promoted by staff and people's choices were listened to and acted on.

The provider promoted a caring and homely atmosphere within the service that was followed by staff.

Is the service responsive?

Good ●

The service was responsive.

People's preferences had been taken into account and staff knew people who used the service well and knew their likes and dislikes.

People were supported to be involved in meaningful hobbies and interests within the service and people's religious needs were met. Staff were responsive to people's individual needs and understood how people liked to be supported to maintain their individuality.

The provider had a complaints policy available and people knew how to complain and who they needed to complain to.

Is the service well-led?

Good ●

The service was well led.

The registered manager led the staff team well and worked closely alongside the provider to promote openness and transparency within the service. People and staff commented that the registered manager and provider were approachable.

There were systems in place to monitor the quality of care people received and people's feedback was sought and acted on to make improvements.

Best practice guidance was often sought and the provider was continually assessing the service that ensured the people received care and support that met their long term needs.

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

This inspection took place on 9 February 2016, and was unannounced. The inspection team consisted of one inspector.

The provider completed 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 reviewed the information included in the PIR along with information we held about the home. We reviewed information that we held about the provider and the service which included notifications about events that had happened at the service, which the provider was required to send us by law. For example, serious injuries and safeguarding concerns.

We spoke with 10 people who used the service, two care staff, the registered manager and the provider. We viewed four records about people's care and their medicines records. We also viewed records that showed how the service was managed, which included quality assurance records, staff recruitment and training records.

Is the service safe?

Our findings

We found that some improvements were needed to the way medicines were monitored and managed. We saw that where people needed 'as required' medicines there were no protocols in place to give staff guidance as to when people may need these medicines. For example, if a person became anxious or was in pain. Staff we spoke with were aware of the reasons why people may need their 'as required' medicines. However, there was a risk that any new members of staff would not be aware or if a new 'as required' medicine was introduced staff may not know how or when this was required.

We completed a small audit of the medicines held by the home against the medicines recorded on the Medicine Administration Records (MARs). We found that some of the medicines in stock did not match the amount recorded on the MARs, which meant we could not be assured that people had received their medicines as prescribed. We saw that the registered manager had a medicine audit in place but this did not include the checking of the stock. The registered manager told us that this would be included in the future so they could monitor the stock levels against the medicines that had been administered.

Although we found that some improvements were required with the management of medicines people told us they were supported by staff to take their medicines when they needed them. We observed staff administering medicines in a dignified way and staff explained to the person what each individual medicine was for. Staff chatted and gave encouragement to people when they were administering their medicines. Staff told us they had received medicines training to enable them to administer medicines correctly. One staff member said, "I have had medicines training, which was helpful and gave me the confidence to administer medicines correctly".

People told us they felt safe when being supported by staff. One person said, "Staff treat me well, I have no concerns about the way I am treated but if I did I would tell the staff or manager". Another person said, "I feel safe in the hands of the staff, they keep me safe. I can't do anything without them". We saw that people were happy and appeared comfortable when staff provided support. Staff explained their actions if they were concerned that a person was at risk of harm and the possible signs that people may display if they were unhappy and where abuse may be suspected. The registered manager understood their responsibilities to report alleged abuse and we saw referrals had been made to the local authority where there had been concerns identified.

People were supported to be as independent as possible whilst taking into consideration possible risks to their safety. A person said, "The staff help me when I need it, some days I can do more for myself but other days I need help and staff know when I'm not able to do things". We saw that people were able to move freely around the service and the environment was clear of any hazards that could be a risk to people. Staff explained people's risks and how they supported people to remain safe from harm. The records we viewed showed that people's individual risks were detailed with guidance for staff to follow to keep people safe. For example; one person was at high risk of falling and they needed to be supported at all times when they were walking. We saw staff provided constant support when this person was walking around the service, which matched what was in their plan of care.

We saw records of incidents that had occurred and these included the actions taken by the registered manager to lower the risk of further incidents. The registered manager had reviewed incidents and we saw that the required actions had been taken and where required specialist equipment and referrals to health professionals had been made. For example, one person had suffered falls at the service and the registered manager had made a referral for a falls assessment by the Falls Team. This assessment had been carried out and risk assessments had been updated to contain the advice given.

People told us they always received the support they needed when they needed it. One person said, "Staff always help me straight away when I ask them to". Another person said, "The staff are great, I never have to wait when I need help". Staff we spoke with felt that there were enough staff available and plans were in place to cover shortfalls in staffing numbers. One member of staff said, "We have a good staff team here and we always have enough staff. We pull together and cover shifts for each other if needed due to sickness and the registered manager is flexible, which helps". The registered manager had a system in place to assess the staffing levels against the dependency needs of people. We saw changes had been made to staffing levels when needed, which ensured there were enough staff available to keep people safe. We saw records that showed the provider had safe recruitment procedures in place. Staff who were employed at the service had undergone checks to ensure they were of a good character and suitable to provide support to people who used the service.

Is the service effective?

Our findings

People told us they enjoyed the food at mealtimes. One person said, "The food is lovely and we get plenty of choice about what we want to eat". Another person said, "I like my eggs done a certain way and the staff know this, and always do them the way I like them cooked". We observed breakfast and lunch and people were given choices and staff listened to what people wanted. Throughout the mealtimes staff sat with people and talked with them, asking if they were okay and if the meal was enjoyable. We saw support plans were in place that detailed the individual support people needed. For example, one person had been assessed as at high risk of malnutrition. We saw that this person required assistance at mealtimes and we saw staff helped this person to eat and drink sufficient amounts. There was regular monitoring in place for this person and referrals to appropriate health professionals to seek dietary advice had been undertaken and acted on by the registered manager.

People told us they were able to see health professionals when they needed to. One person said, "I see the doctor if I'm not well. Staff keep an eye on me and know when I'm not myself". The records we viewed showed that people had accessed health professionals such as; the doctor, dietician, consultants and social workers. We also saw that any deterioration in people's health and wellbeing was recorded and the records contained guidance for staff to follow so that people were supported to maintain their health and wellbeing.

We observed staff talking to people in a patient manner and gained consent from people when they carried out support. Some people were unable to understand some decisions about their care and staff understood their responsibilities under the Mental Capacity Act 2005. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff explained how they supported people to understand decisions that needed to be made. We saw mental capacity assessments had been carried out when people lacked capacity to make certain decisions. Relatives, advocates and other professionals were involved and support plans were in place, which contained details of how staff needed to support people in their best interests.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that one person had a DoLS in place which had been authorised after an assessment had been carried out, which included other professionals. Staff were aware of the restriction in place and we saw staff supported the person to keep them safe from harm in line with their individual DoLS support plan.

Staff explained how they supported people with behaviours that may challenge and they knew people's

individual triggers that caused their behaviours. One staff member said, "We know the signs if someone is becoming anxious and we can distract and calm people so that their anxieties are reduced". We saw clear plans were in place for staff to follow, which contained details of how to recognise physical and emotional signs of anxiety where people had communication difficulties. This meant staff understood how to support people effectively when they displayed signs of behaviour that challenged.

Staff told us they received an induction when they were first employed at the service. One staff member said, "The induction was good, I received training and I shadowed another member of staff for three shifts before I provided support on my own. I felt ready to carry out my role". Staff also told us that their training was regularly refreshed and updated and they had opportunities to undertake specific training. For example, staff had received diabetes training to help them understand this condition. The records we viewed confirmed this. Staff received supervision from the registered manager on a regular basis. One member of staff said, "Supervision is good and I find it is helpful to have time to discuss any concerns and my development. The registered manager listens to my concerns and also lets me know if I'm doing well in my role".

Is the service caring?

Our findings

People told us that the staff, registered manager and provider were caring towards them. One person said, "The staff are very caring, in fact excellent. You couldn't ask for better staff, they make me feel happy". Another person said, "They [the staff] are my family and they are very important to me. I have been here for some time and it's wonderful". People spoke highly of the registered manager, one person said, "The manager is lovely, if it's a bad day outside, she makes it bright and is always around making sure we are looked after". We observed staff interaction with people and found that staff were caring and compassionate towards people. For example; we saw that one person became distressed and staff sat with the person giving reassurance and a kind touch to make them feel cared for. The person became less distressed as staff talked to the person them.

We also saw the provider was visible in the service and ensured they walked around talking to people. People were able to share a laugh and a joke with them and approached them with ease. We saw the provider showed care and compassion towards people and they asked if people were feeling well. One person said, "The owner is really nice and I can approach him easily, he always comes and has a chat with us". Staff told us that the provider and manager made the atmosphere homely and encouraged staff to chat to people throughout the day.

People told us that they were given choices in how and when their care was carried out. One person said, "Staff are always asking what I want to do and they listen to me. I get plenty of choices such as; the food I want, the clothes I wear, when I get up, everything really". Another person said, "Sometimes I like to stay in my room and sometimes I like to join the others in the lounge, but staff always ask and they listen to me". One person told us they liked "a runny egg", we saw staff ask the person if they wanted their egg cooked how they normally liked it or if they wanted something different. Staff told us they always made sure that people were given choices with everything that they supported them with. One staff member said, "I always ask as people may want something different than they normally have or do. We are here for them and it's important they can choose what they want".

People told us that they were treated with dignity and respect when they were being supported by staff. One person said, "Staff always make me feel comfortable and support me with washing and bathing in a way that doesn't make me feel embarrassed because it's difficult when you have always done things for yourself". Another person said, "Staff always talk to me respectfully, they treat me very well indeed". We saw that staff spoke with people in a way that respected their dignity, for example; when they supported someone to use the toilet they asked the person quietly so their dignity was protected. Staff we spoke with were aware of the importance of dignity and were able to explain how they supported people to feel dignified. One member of staff said, "It is often the little things that are important, such as making sure a person has their hair combed, wears the clothes to make them feel good and if they have spilt any food on them I always support them to change so they look and feel nice. I treat people the way I would want to be treated myself".

We viewed compliments that the service had received from people, relatives and professionals that had

visited the home. The comments we saw included, "Kind, caring and hardworking staff", "Staff are like family", and "We were lucky to find Wetley Manor". The registered manager told us that they ensured staff were aware of any compliments as it was important that staff knew when they had been given compliments about the support they provided.

Is the service responsive?

Our findings

People we spoke with told us they were involved in various hobbies and interests that were important to them. One person said, "We have lots to do in the day, I really enjoy the things we do especially the quizzes and we participate in exercises". Another person said, "I like joining in with the sing a longs, but sometimes I just like my own time in my room and staff are happy for me to do this when I want to". People also told us they were supported with their religious beliefs and they had access to communion which was held at the home by a minister. On the day of the inspection we saw staff supported people to join in with the activity on offer and people told us they had enjoyed themselves. We also saw one member of staff sitting and reminiscing about people's past lives.

People told us that they were involved in the planning of their care. One person said, "I am involved and the staff know what I like". Another person said, "I always get the care I need, in a way that I like it and staff know me very well". People had been involved in their care plans and their care plans detailed what was important to them and how they liked to be supported. The information viewed gave a clear picture of each individual person and included how staff needed to respond to people's physical and emotional needs. We saw that people's care plans were followed by staff. For example, one person's care plan showed they took pride in their appearance and wanted to be supported to dress in certain clothes and to wear make up. We saw that staff had supported this person to maintain their appearance and they told us they liked to dress 'smart' and staff always helped them with this.

People told us that staff responded to them quickly when they needed support. One person said, "I only have to press my alarm and the staff come straight away and help me". Another person said, "Staff never keep me waiting, I just call and they are there for me". We saw that staff responded quickly to people in a way that met their needs and corresponded with peoples' individual plans of care. Staff told us how they recognised what people needed by people's individual methods of communication. For example, one person displayed physical signs when they were in pain such as, facial grimacing, pacing up and down and touching an area of the body. The records we viewed confirmed what staff told us. This meant that people were supported by staff that responded to their individual needs.

People told us they knew how to complain if they needed to. One person said, "I have no reason to complain, but I would tell the registered manager if I did and I know they would sort it out". Another person said, "I would speak to the manager or the owner if I had any concerns as they are both approachable". The provider had a complaints policy in place and although we found that there had been no formal complaints there was a system in place to log any complaints by the registered manager.

Is the service well-led?

Our findings

People told us the provider and the registered manager were approachable. One person said, "I can talk to the provider and the manager if I have any problems. They are both very approachable and are always here if I needed them". The provider and the registered manager were enthusiastic about the care they provided and they had clear values and visions for the service. The provider said, "Our overall values are to provide good quality care to people, how they want it and in a way they want it by caring and experienced staff". The registered manager said, "I take pride in the care we provide at Wetley Manor, it is all about the people here and I ensure staff understand the values of the service too. I make sure I am always available for people and walk around the service throughout each day talking with people". The registered manager told us that the provider was supportive and was available when they needed any advice or support. The provider told us that they are available at the service two to three times a week. The provider said, "When I arrive at the service I always talk with people and the staff and make sure everyone is happy. I like to lead by example and staff can see my approach and follow this too".

People and their relatives had completed questionnaires so that the provider could gain feedback and make improvements to the service. The questionnaires had been analysed and any suggestions that had been made were acted on to make the improvements. For example, social events and activities had been assessed as needing improvement and we saw evidence that the activities had been increased to meet people's needs. People also told us that they were involved in meetings to discuss meals and staff performance and they could raise any issues that they had. We saw records from these meetings that showed actions had been undertaken to make improvements to the service provided. For example; people had suggested alternative foods to be added to the menu and this had been acted on.

Staff were positive about their role and how they made a difference to people's lives. One staff member said, "It's very homely here and we take pride in providing a personalised service that makes people feel cared for. That's important to me". Another member of staff said, "My job is so worthwhile. I like to know people are well and looked after in a nice atmosphere. I would recommend it to anyone". All the staff we spoke with told us that they were a good team and the provider and registered manager were approachable and supportive. Comments included, "The management team are brilliant. They listen to me and tell me if I need to improve. I have always felt comfortable approaching both the provider and the registered manager and they are always available" and, "The registered manager has a lot of knowledge and they give 110%".

Staff told us they were encouraged to give feedback and were able to suggest where improvements in care may be needed. One staff member said, "We have regular staff meetings which are good because we can raise concerns and also gain ideas from other staff". We saw records of team meetings which included updates in care practice and discussions about the care standards expected from staff. Another staff member said, "The registered manager always listens to any suggestions I have made. I have spoken with the registered manager on occasions where I think people would benefit from a plate guard at mealtimes or seat raisers to help them get out of their chair easily and this has been acted on". This meant that feedback from staff was considered and acted on.

We saw that the registered manager had completed audits which showed how they monitored the quality of the service provided to people. Monitoring was undertaken by the registered manager of people's changes in care needs so that they could monitor and take immediate action if required. We saw that any concerns or changes in people's support needs had been discussed with staff. We saw that monthly audits contained action plans that had been implemented where improvements were needed at the service. For example, the registered manager had undertaken audits of falls and action plans had been put in place from the outcome of the assessments. Equipment had been sought to ensure that people were protected from the risks of further falls. The registered manager was also responsive to the concerns we had raised with medicines, they listened to our concerns and took action to ensure that people were protected from the risk of harm.

The registered manager undertook observations of staff providing care to people. The registered manager told us they assessed staff practice and shared their feedback in a way that was positive but highlighted any improvements needed. Staff told us that they found the observations useful and the feedback they received helped them to make improvements where needed. One member of staff said, "The observations are good as I wouldn't know where I needed to improve or change to make things better for people. The registered manager gives praise as well as raising any issues".

We saw that the provider had sought advice from best practice information such as guidance to improve the way they provided care and staff were kept up to date with any changes in legislation. These included updates in the Disclosure and Barring Service and NICE guidance for infection control. The provider told us they were in the process of increasing the staffing levels at the service so that when people's needs increase in the future they were able to stay at the service and they would be able to provide a "home for life" for people.