

Methodist Homes

Warde Aldam

Inspection report

Westfield Lane
South Elmsall
Pontefract
West Yorkshire
WF9 2JX

Tel: 01977643697
Website: www.mha.org.uk/care-homes/dementia-nursing-care/warde-aldam

Date of inspection visit:
30 August 2022

Date of publication:
03 October 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Warde Aldam is care home providing personal and nursing care to up to 60 people. The service provides support to people in one adapted building with three separate units. Two units specialise in providing care to people living with dementia. At the time of our inspection there were 58 people using the service.

People's experience of using this service and what we found

Risks to people were not always assessed. Records for people who required the use of hoists did not always contain enough information to keep them safe. The provider had auditing systems in place, however these were not always effective in identifying areas for improvement. For example, concerns were found during our inspection in relation to infection control, fire safety and care plan records and these were not identified by the service. We saw some furniture and flooring to be visibly stained and a malodour in some areas of the service. We have made a recommendation the provider reviews the quality monitoring systems.

People were protected from the risk of abuse. Incidents were monitored by the registered manager and staff told us they felt comfortable to raise concerns. People and relatives said they felt safe. There were enough staff, who had been safely recruited and received appropriate training, to meet people's needs. Medicines were safely stored, administered and disposed of. Accidents and incidents were monitored, and trends and patterns identified to mitigate future risks.

Staff felt supported by the registered manager and people and relatives were positive about how the service was managed. The management team worked closely with community health professionals to ensure people received appropriate care and support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 18 February 2019)

Why we inspected

The inspection was prompted in part due to concerns received about care and treatment, medicines and staffing. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led

sections of this full report.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Warde Aldam on our website at www.cqc.org.uk.

Recommendations

We recommend the provider reviews the quality monitoring systems to ensure they identify concerns with premises and equipment in a timely manner.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Warde Aldam

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and an Expert by Experience.

An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Warde Aldam is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Warde Aldam is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and four relatives. We spoke with the registered manager and members of the staff team including activity co-ordinators and care assistants. We also spoke with one professional who worked with the service. We looked at records related to four people's care, and the oversight and management of the service. This included staff files, training records, risk assessments and audits.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection. Assessing risk, safety monitoring and management. Learning lessons when things go wrong

- The provider was not promoting safety through the equipment and hygiene practices of the premises.
- We observed some areas of unpainted wood and walls, visibly soiled furniture and flooring which created a malodour in the service. These increased the risk of infection.
- Records showed people's risks in relation to moving and handling were not always identified to keep people safe. For example, where people required a hoist to move, care plans did not indicate how to use hoist slings appropriately. These records were updated during our inspection.
- Fire safety procedures were not always carried out by staff. Fire doors were seen to be wedged open and some fire doors were in need of repair. Fire safety checks were being conducted during our inspection and staff immediately removed wedges from all fire doors on the day of inspection.
- Staff were seen to be wearing personal protective equipment in line with current guidelines.
- Relatives were positive about how the service had communicated with them throughout the pandemic. For example, the service used photographs and videos to keep in touch with family and friends. One relative said, "The staff have been really good at keeping in contact throughout the pandemic."

Visiting in care homes

- Visiting arrangements were in place and people were receiving visitors. One person said, "I do get visits from my sons and they sit with me."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.'

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse. Staff were trained and knowledgeable about how to report concerns and felt comfortable doing so.
- People and their relatives told us they felt safe. One person told us, "There are some pleasant staff to look after me and watch over me. They care for me and keep me safe." A relative told us, "From a safety point of view, I am perfectly happy with [name] being here."
- Safeguarding concerns were reported by staff to external agencies when required.

Staffing and recruitment

- There were enough staff to meet people's needs. Agency staff were used when needed, however the service had an ongoing recruitment programme in place to increase the regular staff team.
- Staff were recruited safely, and the service carried out appropriate pre-employment checks, for example Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staff told us it was a nice place to work. One staff member said, "There is a good sense of teamwork, we are a nice bunch."
- People told us staff were kind. One person said, "I am very happy, there always seems to be staff about and they are very attentive." A relative said, "The staff are lovely and look after [name] really well."

Using medicines safely

- Medicines were managed safely and people were receiving their medicines as prescribed.
- Staff were trained to administer medicines. Guidance for staff to safely administer medicines prescribed 'as required' (PRN) was in place.
- Systems and processes were in place to monitor medicines and records were accurately completed.
- Relatives told us they were kept informed. One relative told us, "Staff discuss any medicine changes with me."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- Systems in place did not always identify risks to people and did not promote improvements.
- The registered manager had audits in place to monitor cleanliness, equipment, premises and areas for improvement. However, these did not always identify issues we found on inspection.
- Quality assurance systems were not robust enough to drive improvements for people. For example, one care record had been reviewed monthly, yet did not reflect the persons current mobility needs.
- The registered manager had an action plan in place and planned to improve the environment in the service. We were assured by the provider and registered manager that our concerns raised on the day of inspection would form part of the ongoing action plan. This is yet to be embedded into practice.

We recommend the provider reviews the quality monitoring systems to ensure they identify concerns with premises and equipment in a timely manner.

- The registered manager and staff were clear on their roles and there was a clear line of delegation. Staff knew who to report their concerns to.
- Accidents and incidents were recorded and monitored. Follow up actions from accidents and incidents were in place to mitigate the risk of them happening again. For example, regular meetings took place with a mental health professional to reduce incidents where people may exhibit agitation.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open and honest culture in the service. People, relatives and staff felt listened to and were positive about the registered manager. However, signage around the service was not always dementia friendly.
- Signs were not always used to encourage people to orientate themselves within the service. Food menus were not provided in a pictorial format, which could assist people to make choices. One relative said, "My relative doesn't know where the toilets are as there are no signs."
- A 'This is your life' booklet was in place for each person, this included stories and photographs which could be shared with relatives.
- Feedback was sought from people and their relatives and they were encouraged to share their views about how the service was operated.

- People were encouraged to maintain family relationships; a large tablet was used to encourage people to contact family and friends. One relative told us, "The staff send me photographs and even sent a video. They did a jubilee party and it was a lovely day."
- Staff felt supported by the registered manager and felt able to raise concerns. Regular staff meetings took place and gave staff an opportunity to raise any concerns. One staff said, "The registered manager is supportive and approachable."
- People felt their privacy and dignity was respected by staff, one person said, "Staff knock on my door." We saw people being treated with kindness and respect.
- People and relative's we spoke with felt they would be able to raise concerns if they needed to. One person said, "I see the manager when [manager] pops [their] head in, [manager] is nice." A relative said, "The manager is often about and both [manager and the floor manager are very approachable. I have raised concerns in the past and they have been dealt with."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their legal responsibilities. CQC and local authorities were notified appropriately of any incidents at the service.
- The provider's senior management team visited the service on a monthly basis and any concerns were shared with them.

Working in partnership with others

- Staff worked closely with other health care professionals to ensure people's health needs were met and support was available to people where needed.
- Regular meetings took place with the community mental health team and the local GP, to ensure people received consistent care.