

Knightingale Care Limited

Wainfleet Care Home

Inspection report

Rumbold Lane
Wainfleet
Skegness
Lincolnshire
PE24 4DS

Tel: 01754881155

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wainfleet care home is a residential care home providing accommodation and personal care to up to 43 people across 2 floors. At the time of our inspection there were 29 people using the service.

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

Medicines were managed safely, and people received their medicines in a way that suited them.

Staff were safely recruited. The provider carried out the required checks on newly appointed staff before they started working at the home. Staff had received training that was appropriate to their role and the people they were supporting.

People were protected from abuse and avoidable harm. Staff had completed training on how to safeguard people. Risk assessments were completed and followed to identify and reduce potential hazards.

Effective infection, prevention and control measures were in place to keep people safe, and staff supported people and visitors to follow them.

People had access to healthcare services and staff worked proactively with other organisations.

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.

People had access to good quality food and drink and were supported to eat and drink when needed. People's personal care needs were met, and their dignity and independence were considered.

Governance was well-embedded into the running of the service. There was a strong framework of accountability to monitor performance and risk. Quality improvements had been made to the service.

The registered manager worked in partnership with key organisations, including the local authority, safeguarding teams and integrated care boards which supported positive outcomes for people.

The culture of the service was open, and people and staff felt able to raise concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 October 2022) and there were breaches in regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

We carried out a focused inspection to follow up the Warning Notices we previously served to check whether the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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 Wainfleet Care Home on our website at www.cqc.org.uk

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 safe.
Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our effective findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our well-led findings below.

Good ●

Wainfleet Care Home

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

Two inspectors carried out the inspection and an Expert by Experience made calls to relatives. 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

Wainfleet Care Home 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. Wainfleet Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 received about the service since the last inspection.

We requested feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 6 members of staff including the registered manager.

We spoke with 4 people who use the service and 9 relatives about their experience of the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 1 visiting professional.

We reviewed a range of records. This included 5 people's care records and 11 medicine records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure people were protected from the risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Care plans and risk assessments were clear, detailed and robust. Risk assessments provided appropriate guidance for staff to enable them to mitigate risks.
- Diabetic risk assessments were completed for people when required. These contained detailed information for monitoring people's blood sugar levels and signs and symptoms which would indicate they were experiencing unstable blood sugar levels. Staff were able to tell us what signs and symptoms they would look out for if someone became unwell and guidance was in place so they knew what actions to take.
- Risk was appropriately assessed for people at risk of choking or pressure injuries. We saw detailed risk assessments that were reviewed regularly as people's needs changed.
- Strategies were in place to support people in a dignified way to reduce the risk of choking. For example, 1 person used a smaller spoon which prevented them from putting too much food in their mouth which put them at risk. Staff told us this had worked well to reduce the risk but still enabled the person to remain independent and enjoy their meals.
- Suitable fire safety arrangements were in place to keep people safe. Fire risk assessments had been completed by a suitably qualified professional. Personal emergency evacuation plans (PEEP) were completed. These identified what assistance each person would need to safely leave the building in the event of an emergency.
- The maintenance team completed regular safety checks. This included regular health and safety checks and walk arounds to assess the environment and identify anything that required action. The team had created an action plan which was regularly updated to show improvements that had been made in the home.

Using medicines safely

- Medicines were managed, administered and stored safely.
- Records were clear and accurate. The maintenance of good medical records ensured people's needs were met comprehensively and medicine was administered in line with the prescriber's instructions. This supported people's long-term health and wellbeing.

- A risk assessment had been completed for a person who managed their own medicine. The provider put systems in place to enable this person to administer and store their own medicines safely.
- Systems were in place for people who were prescribed topical creams. These were stored safely with appropriate information for staff to know where and when these needed to be used.
- Protocols were in place for as required (PRN) medicines. There was clear guidance for staff to know how to manage and administer these medicines when needed.
- Staff had received training to safely administer medicines. Competency had been assessed to ensure staff could administer medicines correctly. This meant people's medicines were being managed by trained and confident staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

There had been some confusion when visiting guidance changed throughout the COVID-19 pandemic and restrictions had been put in place which was against government guidelines at the time. The registered manager had apologised to people and families affected and their current visiting arrangements now aligned with government guidance.

Staffing and recruitment

At our last inspection the provider had failed to ensure sufficient staff were available to support people's needs. This placed people at risk of harm. This was a breach of regulation 18(1) (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff deployed to meet people's needs. We saw staff supporting people appropriately when they needed assistance. However, people were unable to call for support when they were in communal lounges which we fed back to the registered manager. The registered manager took on board our feedback and ordered wireless call bell remotes so people could use these when they needed staff to help them.
- There were mixed views on staffing with some relatives feeling there could be more staff. One person told us, "They are short staffed but [person] isn't neglected in anyway." Another relative told us, "There always seem to be plenty of staff on when I have visited. [Person] doesn't have to wait for attention. They really are looking after [them]."
- Safe recruitment processes were in line with the provider's recruitment policy to ensure staff employed

were suitable to work with vulnerable people. Thorough checks including Disclosure and Barring Service (DBS) checks were conducted before staff started working at the service. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People living at the service and their relatives told us they felt safe. One relative told us, "Yes [person] is absolutely safe, they're well looked after, kept clean and I've no problems with the care home whatsoever." Another relative told us, "Yes [person] is definitely safe. I've seen the staff and how they look after [person]. Credit where credits due the staff are brilliant."
- A system was in place to report any safeguarding concerns. All incidents were reviewed by the registered manager. Where an investigation into the incident was carried out, appropriate people were informed and the learning outcomes were recorded. One relative told us, "They really know how to deal with [person]. [Person] tried to abscond and they were so calm with them. They dealt with it really well."
- The registered manager had reported concerns to the local authority and notified the Care Quality Commission when appropriate. Statutory notifications ensure that details of certain incidents, events and changes that affect a service, or the people using it, are notified to the Care Quality Commission.
- Staff completed training in safeguarding vulnerable adults and explained to us how they would report any concerns. Staff felt there was an open and transparent culture and felt confident in reporting anything to the registered manager.
- Falls, accidents and incidents were analysed. Reviews of all incidents and accidents were completed to identify any patterns so actions could be taken to help mitigate risk and prevent reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff training was sufficient to support people's needs. This placed people at risk of being supported by staff who were not competent. This was a breach of regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff received training and had the skills to carry out their roles effectively. Staff told us that training was good and ongoing sessions were held online and on certain afternoons. One relative told us, "Yes [staff] are definitely well trained. I've not seen anything out of order."
- When people had modified diets, communication was robust between kitchen and care staff. Kitchen staff told us they got to know people's dietary needs as soon as they arrived at the home, so people's food was always given in the way that was safe for them.
- All the relatives we spoke to were happy with the support staff provided. One family member told us, "The care is absolutely excellent and every carer, cares. It's like living in a five-star hotel. I really can't speak highly enough of the carers, the cleaners, the [person] in the office who is so nice and lovely, they're perfect for the job."
- Staff received regular supervisions and support. A staff member told us they had regular supervisions and support was available every time they were on shift if they needed it.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they started using the service. Their support plans and risk assessments were regularly updated as people's needs changed. When people were admitted quickly because of circumstances, emergency assessments were used to formulate care plans which were then regularly reviewed to accurately reflect people's needs.
- A range of assessment tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's oral health and monitor people's weight.
- Staff had good knowledge of the people they supported. We observed staff providing person-centred support to people in line with their needs and preferences. One relative told us, "They all seem to have got to know [person] well. The staff chat to [person] loads about when they were in the army. They listen to

[person]." Another family member said, "[Staff] are so kind and caring and patient with [person]. They do absolutely everything for them. They hoist [person] from bed to chair and deal with it marvellously. [Staff] have long and pleasant conversations with [person]."

Supporting people to eat and drink enough to maintain a balanced diet

- Food was of good quality and appeared appetising.
- There were options available at mealtimes and people were able to choose what they wanted to eat. We saw menus on tables and when required, staff supported people's understanding of what food was on offer.
- Mealtimes were organised to suit people. One relative told us, "The staff are really flexible with [person]. [Person] decided they wanted their lunch in their room, so [staff] went especially and fetched it up for them."
- We observed staff supporting people during mealtimes in a dignified and respectful way. When possible, people were enabled to eat independently which promoted dignity and self-esteem. When people required support, staff were seen to be kind and considerate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access external healthcare services when needed. Care records confirmed people were regularly seen by doctors and other healthcare services.
- People's healthcare needs were appropriately met. For example, we saw routine monitoring was undertaken appropriately for people with diabetes.
- When people's health needs changed, people were referred to the appropriate services. A family member told us, "[Person] was losing weight but they have kept a close eye on that, and they are enjoying good food now."
- Relatives told us their family members received healthcare support when needed. One relative told us, "They are good at keeping me updated on the phone, like if they get the dentist to come in or they will arrange for [person] to have their ears syringed. No problems there at all."

Ensuring consent to care and treatment in line with law and guidance

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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- MCA assessments had been completed where required. Best interest decisions had been made with the involvement of the person, family and appropriate health professionals.
- Where applicable, the management team had ensured authorisations for DoLS were in place for people whose liberty was being deprived. Any conditions in authorisations were included in people's care plans and

kept under review.

- Throughout the inspection we observed staff providing choices to people. We observed staff listening and respecting people's decisions which promoted people's independence and self-worth.

Adapting service, design, decoration to meet people's needs

- The environment was not always designed with the needs of people living with dementia or other cognitive impairments in mind. Although there were some signs to aid people's understanding, it was not consistent around the building. We fed back our concerns to the registered manager at the time of inspection and they put immediate actions in place to correct this.
- People's bedrooms had been decorated to their tastes. One person told us they had brought all of their own furniture and it now felt like "home from home".

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 inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider failed to have systems and processes implemented and embedded to assess, monitor and mitigate the risks relating to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17 (1) (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The service had a positive culture that was person-centred, open and inclusive. Staff told us the registered manager listened to them and they were confident raising any concerns or suggestions. Staff said they felt valued and supported.
- The service was consistently led. Staff understood the services values and supported the registered manager to embed these. Relatives told us staff were approachable and if they had any concerns they would speak with the staff or the registered manager.
- The registered manager told us that training and upskilling their work force was a priority. They told us they wanted to empower staff to feel confident and skilled in what they do and be proud to work in adult social care.
- Staff were positive in their roles and worked well as a team. One staff member said, "There is a good family atmosphere. We all support each other, and we include the residents. This is my work family."
- The registered manager was approachable and accessible. One staff member told us, "[Registered manager] is approachable, I see them every day. [Registered manager] comes in the morning and checks everything. On a Monday they always asked about the weekend." Relatives also told us they had met the registered manager. One relative said, "Yes I've met the manager, they come out and have a chat. They are very approachable."

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

- People and relatives told us the service was well managed. One relative told us, "It is well managed with a good manager, they seem to know their business and everything about [relative]."
- Governance was well-embedded into the running of the service. The provider had systems and processes

in place to assess, monitor and improve the quality and safety of the service. This included audits which were completed regularly for areas such as, care plans, medicines, mattresses and mobility equipment, falls, weights and the environment. All completed audits resulted in an action plan, when required.

- There was a clear management structure in place. The wider management team supported the registered manager and reviewed all audits which ensured a very robust governance system that promoted improvements.
- Where issues were identified through the provider's governance systems, actions were taken in a timely way to ensure good outcomes for people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- During the inspection we observed a relaxed atmosphere in the home. People were comfortable speaking to staff and asking them for support when required.
- Relatives told us they felt involved with their family member's care and support needs. One relative told us, "Yes they do discuss with me [relatives] care needs, such as if they need clothes or if their medications have changed."
- The service worked in collaboration with relevant agencies, including health and social care professionals. People's care records also demonstrated partnership working with health and social care professionals. We spoke to a visiting healthcare professional who told us that staff were very welcoming and responsive with a very positive attitude towards people.
- The registered manager worked with others to improve experiences for people. The registered manager told us they were working on a project with community dieticians around people suffering from weight loss. They explained it was being reviewed to improve how this issue was managed in care homes and other settings to ensure better experiences for people in the future.

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 responsibility to be open and honest if something went wrong. They promoted a culture of being open and honest and staff felt confident to report any mistakes.
- The registered manager understood the requirements of the duty of candour and ensured they complied with the obligation. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- Services providing regulated activities have a statutory duty to report certain incidents and accidents to the Care Quality Commission (CQC). Incidents had been recorded and reported as required.