

Mrs Ann Benson

# The Waynes - Bridlington

## Inspection report

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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 well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

The Waynes -Bridlington is a residential care home providing accommodation and personal care to up to 30 people. The service provides support to older adults and people living with dementia. At the time of our inspection there were 21 people using the service.

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

Although the provider had implemented a new auditing system, this had not always been effective at identifying areas for improvement. We noted improvements in some areas but not all areas raised at the last inspection had been addressed.

Risks to people had not always been managed. Monitoring charts in place to reduce risks to people's health were not sufficiently robust. Improvements had been made to the safety of the service in terms of the environment.

Medicines systems had improved, and a clear system was in place to ensure people received medicines in line with the prescribers instructions. Work was required to ensure all records were completed in line with best practice.

We have made a recommendation about the need for consent. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Capacity assessments and best interest decisions continued to not always be recorded.

Improvements had been made to the mealtime experience; however further work was required to ensure people with memory impairments were fully supported to make choices.

Staff received regular supervision and felt supported by the management team.

People told us they felt safe and were happy with the support they received. People and relatives spoke positively about the consistent staff who knew them well.

For more details, please see the full report which is on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 1st July 2022)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

### Why we inspected

We carried out an unannounced focused inspection of this service on 22 April 4 and 5 May 2022. Breaches of legal requirements were found and we served a Warning Notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they 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. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Waynes- Bridlington on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement and Recommendations

We have identified continued breaches in relation to risk management and governance at this inspection. We have made a recommendation in relation to the Mental Capacity Act (MCA).

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?**

The service was not always effective.

Details are in our effective 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** ●

# The Waynes - Bridlington

## Detailed findings

### Background to this 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

2 inspectors and a medicines inspector carried out this inspection. An Expert by Experience supported this inspection by making telephone calls. 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

The Waynes - Bridlington 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. The Waynes - Bridlington 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 CQC 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 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people living at the service and 7 relatives about their experience of care provided. We spoke with 5 members of staff including the registered manager, care staff and the administrator. We reviewed care plans for 3 people and multiple medication administration records. We reviewed 3 staff files. We reviewed documents related to the governance and monitoring of the service such as 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 requires improvement. The rating for this key question has remained 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.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong  
At our last inspection there, provider had failed to manage risks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 12.

- Detailed plans were not always in place when people were expressing themselves physically.
- Plans did not always contain clear guidance for staff to follow to ensure people received the support they required. Although the provider had introduced new care planning and risk assessment format, we continued to find inaccuracies.
- When risks to people were identified, such as dehydration and malnutrition, the monitoring charts in place were not effective to ensure action was taken to mitigate the risks people faced.
- Accident and incidents were now reviewed and monitored; however records were not always completed so appropriate action could be taken.

This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to how risks associated with the building were managed, this included legionella, window safety and security of the premises.

### Using medicines safely

At our last inspection there was a failure to ensure the proper and safe management of medicines. 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 this element of regulation 12.

- Some records still required addressing to ensure they were in line with best practice. This included, carrying forward quantities, double signing hand transcribed medicines and guidance for when to administer variable dose medicines and 'as and when required' medicines. We have addressed this in the

well-led section of the report.

- Improvements had been made to medicines practices. People received their medicines as prescribed.
- There were now clear records instructing staff on how people's medicines were to be given to them, for example before or after food.
- There were now staff trained in administering medicines on each shift, to ensure people received their medicines safely and when required.

#### Staffing and recruitment

At our last inspection we recommended the provider review their procedures in relation to recruitment and safe deployment of staff.

- The dependency tool the provider had implemented since the last inspection to calculate staffing levels was not accurate and did not consider additional factors such as the layout of the building.
- Safe recruitment practices were now followed to ensure staff were of suitable character, however some records need to be more robust.
- Improvements had been made to ensure there was always trained staff deployed in areas such as medicines and first aid.

#### Preventing and controlling infection

At our last inspection we recommended the provider reviews their procedures for preventing and controlling infection. At this inspection some improvements had been made.

- Some practices did not always promote best practice, for example bags containing waste were left stored on a communal carpet and towels were stored on a shower chair. The registered manager assured us they would address this.
- Improvements had been made to the cleanliness of the service. The service was clean and tidy at this inspection.
- Personal protective equipment was available, and staff wore and disposed of it safely.

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person told us, "Yes, I feel comfortable and safe living here. I feel safe not being on my own and having people around. I would feel comfortable speaking to staff if I felt unsafe."
- Staff had received safeguarding training and understood their responsibilities to report any concerns.



# 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 for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Records continued to not be in place to show people's capacity had been assessed and when best interest decisions had been made on their behalf.
- There were inconsistencies in records in relation to people's capacity.

We recommend the provider reviews their systems and processes for when working with MCA and updates their practices accordingly.

- Staff gained consent before providing people with care.

Staff support: induction, training, skills and experience

At the last inspection the provider failed to have sufficient numbers of trained staff. 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.

- The provider's training matrix continued to show gaps in some training. Evidence was seen that some training had been booked to take place.
- Improvements had been made to ensure there was always staff on duty with the appropriate training to meet people's needs, such as medicines, first aid and fire training.
- Induction records were now in place for new staff.
- Staff received more regular supervision and felt supported in their role.

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

- Although some improvements had been made to the mealtime experience, further work was required to promote choice for people with memory impairments and to effectively monitor people's dietary intake.
- People told us they were happy with the food, and they were able to access food and drinks. However, records to monitor people's food and fluid intake were not always robust.

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

- Some areas of the home required attention. Feedback received from relatives included; "Yes, it's a bit shabby here and there but clean."
- People's bedrooms were personalised, with their own belongings and photos.
- People had a choice of communal areas that they could choose to spend time. This included an outside area, lounges and dining rooms.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People were supported to access health care professionals. One person told us, "Yes, they would get doctor or ambulance without hesitation if I need it."
- People's relatives told us staff identified health concerns promptly and kept them involved. One relative told us, "If there are any changes, they are on the phone straight away."
- Oral hygiene care assessments were now carried out.

# 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 requires improvement. At this the rating for this key question has remained 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

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the service, mitigate risks relating to the health and safety of others, maintain accurate, complete and contemporaneous records. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Although the provider had developed new governance systems, this was not always effective at identifying and implementing areas for improvement. We identified continued concerns with risk management and the application of the MCA.
- When improvements had been made, they were not always sufficient. For example, the provider had now implemented a staffing dependency tool, but this was inaccurate. Although the provider had taken steps to improve training for staff their training matrix showed gaps where staff had not completed the training required of them.
- Records continued too not always be sufficiently robust or accurate. This included care plans, monitoring records and recruitment records.

The provider had failed to assess, monitor and improve the quality and safety of the service, mitigate risks relating to the health and safety of others, maintain accurate, complete and contemporaneous records.

This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 provider was aware of their responsibilities under duty of candour. However, we could not be assured duty of candour had always been followed as accident and incidents records were not always completed.

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

- Satisfaction surveys had been carried out to gather the views of people and their relatives'. The results had not yet been analysed.
- The provider held some staff and residents' meetings to gather people's views. Although these were not regular, people and staff felt well engaged about the service.
- Peoples relative's felt there was good communication, and they were kept up to date. Feedback included yes, "They are very good with communication I always know about doctor's appointments or changes."
- The provider worked in partnership with health and social care professionals.

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

- Although work was required to ensure good outcomes for people. They told us they were happy with the support they received at the service. Feedback included, "Yes, the staff are wonderful, they know Mum well and they have a lot of laughs and she is settled and likes them" and "They come across as very caring from the manager down to all staff."
- People were supported by a consistent team of staff who they had developed positive relationships with.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider had failed to ensure risks to the health and safety of people had been effectively mitigated. 12 (1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider had failed to assess, monitor and improve the quality and safety of the service. The provider had failed to keep accurate, up to date and contemporaneous records. 17 (1)(2)(a)(b)(c)(d)