Alliance Care (Dales Homes) Limited

Wheaton Aston Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
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

Wheaton Aston Court Care Home provided nursing and personal care for up to 30 people some of whom were living with dementia. At the time of this inspection 29 People were living there. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we found that improvements were needed regarding staffing levels. During this inspection we found significant improvements had been made and have und the evidence

There was a registered manager in post. 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.

Staff treated people with the dignity and respect when supporting them.

Staff ensured people received care which was kind and compassionate. People had developed relationships with other people living there and staff. Staff spent time chatting with people and saw this as a part of their role.

People received personalised care and support specific for their needs and individual preferences. Staff saw people as individuals and supported them in a person-centred way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were encouraged to socialise, and keep in touch with people who were important to them. All staff were involved in ensuring people were involved in activities that interested them if they wished to be and knew that activities had a positive impact on their wellbeing.

The management team provided strong leadership and staff were clear about the values of the service and had a positive person-centred attitude.

People, relatives and staff were positive about the service. Relatives spoke kindly of the registered manager and their staff.

People felt safe and staff demonstrated a good understanding of what constituted abuse and how to report if concerns were raised. Risks were managed in as least restrictive ways as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf where needed.

There were safe staff recruitment and selection processes in place. People were involved in recruiting new staff into the service. Staffing levels were flexible to meet people's individual needs. Staff received training and regular supervision and support to keep their skills up to date in order to support people appropriately.

There were opportunities for people and people that matter to them to raise issues, concerns and feedback compliments.

Quality monitoring was in place leading to continuous improvement. Regular resident meetings were held to ensure people's opinions were listened to and actions taken.

The management team strived to provide the best possible service for people. Various methods were used to assess the quality and safety of the service people received and changes and improvements were made in response.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The risk to people's safety was reduced because staff understood the different types of abuse, and knew their responsibilities for reporting concerns.

Risks were identified and assessments completed to minimise risk.

People were supported by sufficient numbers of staff to meet their needs and to keep them safe.

Medicines were stored and administered safely.

Is the service effective?

Good

The service was effective.

The environment had been designed to meet the needs of people.

People were supported to make decisions in line with relevant legislation, to ensure their legal and human rights were respected.

People could choose their meals and were supported to eat and drink. People were supported to maintain their health and well-being.

Access to healthcare professionals was arranged promptly when needed.

Is the service caring?

Good

The service was caring.

People were supported by staff that were kind and caring.

People were supported to make choices and staff promoted people's independence.

People were supported with their communication needs. People had their privacy and dignity protected.

Is the service responsive?

Good

The service was responsive to people's needs.

People received personalised care and support specific to their needs and preferences.

People were encouraged to form and maintain relationships, partake in activities and try new things.

There were regular opportunities for people and people that matter to them to raise issues or concerns.

Is the service well-led?

Good

Notifications were submitted as required and the registered manager understood their responsibilities.

People and their relatives were involved in the service.

Staff felt supported in their role and were involved in the service.

Quality audits were in place and were used to continually drive improvement.

Wheaton Aston Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 13 and 15 November 2018.

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses older people care services.

Prior to the inspection we reviewed the information we held about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

We spoke with 12 people receiving a service; received feedback from five relatives and seven members of staff, which included the registered manager. We spent time talking with people and observing the interactions between them and staff. We also spoke to a visiting health professional.

Some people living at the service were unable to communicate their experience of living at the home in detail with us as they were living with dementia. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people, who could not comment directly on their experience.

We observed various aspects of care being delivered throughout the day. We reviewed four care files, and other records relating to the management of the service including quality audits, health and safety records, accidents and incidents and medicine records.

Good

Is the service safe?

Our findings

At our last comprehensive inspection on 31 January and 1 February 2017, safe was rated as requires improvement. This was because there were insufficient numbers of staff to support people. At this inspection we found significant improvements had been made and safe is now rated as good.

People, their relatives and staff told us that staffing levels were sufficient to keep people safe and to meet individual needs. One person told us, "Yes I feel very safe. Plenty of staff about now and that makes me feel safe and secure." A relative told us, "There are always enough staff here when I visit, and mum never says she has to wait long. When anyone buzzes for help the staff always seem to get to people quickly, I've never been worried." Staff we spoke with said there was enough staff, one carer told us, "Yes, we get busy but we don't cut corners. We prioritise who needs us first and let other people know so they don't worry we've forgotten them and we'll be with them as soon as possible."

We saw that the registered manager used a dependency tool to assess people's needs. This was used to plan how many staff were needed to support people. We saw that the registered manager used this as a guide but ensured the service had more staff than suggested to allow for anyone that may become unwell or need more support.

There were effective staff recruitment and selection processes in place. Where able, people who lived in the home were involved in the interview stages for potential staff. One person told us, "Yes, I was asking the new staff questions, I put them through their paces." Staff had completed application forms and interviews had been undertaken. Pre-employment checks, which included references from previous employers and Disclosure and Barring Service (DBS) checks, were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

All staff undertook training in how to recognise and report abuse to minimise the risk of abuse to people. Staff told us they would report any concerns to the registered manager and were confident that action would be taken to protect people. One staff member said, "I would report anything of concern straight to the manager, or one of the nurses if I thought someone was coming to harm, and I know they'd deal with it." Records confirmed that safeguarding incidents had been reported.

People's individual risks were identified and risk assessments were in place and under review monthly unless changes had occurred. Risks were managed in the least restrictive way possible. For example, encouraging people to try to remain as independent as possible with the use of their moving and handling equipment. We saw that learning from any accidents or incidents took place and any changes were implemented. For example, we saw that following a fall people's care plans and risk assessments were updated and advice from health and social care professionals was sought where needed to review people's plans of care and treatment. This meant that the service was effective in dealing with incidents which affected people.

People received their medicines safely from staff who had received training to carry out this task. People told us they were supported by staff to take their medication. One person said, "They are so good looking after me with my meds. They come to me with them and I take them I completely trust them I do." We saw that Medication administration records (MAR) were signed when medication was administered, and where 'as required' medicines had been offered but refused. Audits were carried out on a weekly and monthly basis, medication stock checks were undertaken daily and controlled drugs were checked twice per day. A new system had recently been introduced into the home whereby all people's medications were stored securely in their own bedrooms. This was done to allow people more privacy and dignity around receiving their medication.

Infection control procedures were in place. Personal protective equipment was available to staff when assisting people with personal care. For example, we saw staff wearing gloves and aprons throughout the inspection and they told us these were readily available for them to use.

The premises were maintained through a maintenance programme. For example, fire safety checks, electrical equipment checks, legionella safety checks etc. were completed on a regular basis either by staff or external contractors. People had personal emergency evacuation plans (PEEPs), which are individual plans, detailing how people will be alerted to danger in an emergency, and how they will then be supported to reach safety. Staff had received fire safety and health and safety training to ensure they understood their roles and responsibilities when protecting people.

Good

Is the service effective?

Our findings

At our last inspection people received effective care and support. We rated this area as Good. At this inspection this area continued to be rated good.

People received effective care and support. Staff were competent in their roles and had a good knowledge of the people they supported which meant they could effectively meet their needs.

People had their needs assessed on admission and plans were put in place to meet them. The registered manager told us, and we saw records to confirm that assessments and plans were based on the needs of the individual and were completed with people, their relatives and other people around the individual. We saw that people were asked if they had a significant person in their lives and if they followed a religion. Regular reviews were completed to ensure the care met people's needs. Staff confirmed there was detailed information to help guide them in how to support people. One staff member said, "I had an induction where I was able to read people's care plans and get to know them a little bit before I supported them. If anyone's needs change we are told and this gets recorded in the care plans and risk assessments." Records supported what we were told.

Staff told us they received training and supervision, which made them feel confident in supporting people needs and recognising any changes in people's health. One staff member told us, "Yes, we get training on lots of things like safeguarding, moving and handling and dementia, we get told in advance when it needs re-doing." Staff had also completed recognised qualifications in health and social care, including the care certificate. The care certificate equips care staff new to health and social care with the knowledge and skills which they need to provide safe, compassionate care.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support were regularly reviewed in line with the MCA. People's capacity to consent had been assessed and best interest discussions and meetings had taken place. For example, meetings were held with a person, relatives and health professionals to decide the best way to manage identified risks whilst maintaining the persons quality of life. This demonstrated that the home worked in accordance with the MCA.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We saw that the registered manager had submitted applications to the

relevant team at the local authority where needed, and staff were able to tell us which people they supported were subject to a DoLS.

People were supported to eat a balanced diet. People were involved in choosing what they wanted to eat to meet their individual preferences. We saw that people could choose what they wanted from a booklet of pictures if they were unable to communicate their choices verbally. We saw that there were alternatives for people to have if they didn't want what was on the menu. When we spoke to people about the food without exception they said it was of a high standard. One person told us, "It's like hotel food, you can pretty much ask for anything you like within reason and they'll cook it for you." Meals were cooked in the kitchen and there was a serving hatch that allowed people to interact with the kitchen staff. One person told us, "It's nice being able to see the cooks, and we can have little chats as we go by." We observed breakfast and lunchtime during the inspection days and found mealtimes were a social occasion for people. We saw people engaged in conversation, happily chatting with each other and staff, there was low music playing in the background and was very relaxed. We saw lots of positive interactions and staff supporting people to ensure they ate their meals and had drinks. For example, we saw one staff member cutting up food into little pieces for a person who was at risk of choking and then waiting for them to eat this before asking if they wanted more. We also saw that where people had chosen to eat in their rooms, their meals were taken to them on a tray with a plate cover to keep their food warm and a small vase with flowers in. One person told us, "Oh it's good food here. No complaints at all about that and you get a choice of what to eat and drink and they will bring it to me if I don't want to go to the dining room."

There were detailed care plans in place regarding people's food and fluid intake to ensure the staff were aware of people having a suitable diet to maintain their general well-being. People's weights were monitored on a regular basis. Staff recognised changes in people's weights and to swallowing ability and these were highlighted to ensure health professionals could be involved in people's care. We saw that Speech and language therapists (SALT) worked closely with people with swallowing, eating or drinking difficulties. Following input from SALT people were advised to follow specific diets to reduce the risks and we saw staff followed the guidance. There were also personal food passports completed that included details of preferences, along with any specialist equipment needed or any cultural needs in respect of food types that need to be adhered to.

Handover meetings took place at the beginning of each shift when the staff on duty changed over. People's health and well-being was discussed. A staff member told us the meetings were, "Really important, because we know straight away if some isn't well or needs more support that shift." We asked staff how they knew if a persons' needs had changed. They told us any issues were discussed verbally and a handover document was given over to the next shift. Records confirmed what we were told.

People were supported to see health and social care professionals when they needed and people told us this. One person said, "If I say I'm not well, or the staff notice I'm a bit off colour they will get the GP for me." There was evidence in people's files of health and social care professional's involvement in their care. Staff were knowledgeable about people's health needs and were able to recognise changes.

People were supported in an environment that was designed to meet their needs. The home was set on a single storey. People had a variety of areas in which they could spend their time, such as lounges, a dining room and their bedrooms. The décor had been updated to more neutral colours to assist those with dementia to get around the home and carpets were in the process of being replaced.

Good

Is the service caring?

Our findings

At our last inspection people were treated with dignity and respect by caring staff. At this inspection we found people continued to be treated with care, dignity and respect.

People and their relatives were positive about the care provided at Wheaton Aston. Comments included, "They [staff] are very good here, all of them. They always come past and ask if I'm alright and do I want anything. They do make time for me. I'm so happy being here", "They are all very pleasant and always find time to talk to me. They are very caring, thoughtful and kind", "They are so good and yes I do feel valued as they always see and talk to me and check if there is anything I want", "The care here is very good. Yes, I think they certainly do value me, it's like family here and I have made friends as I have no family left. They have made me so welcome since I came in here."

People were supported by staff who ensured they received kind and compassionate care. People had developed close relationships with other people and staff. We saw that staff spent time chatting and building relationships with people and staff told us they saw it as part of their role. One carer said, "It's not just about the tasks that people need help with, it's about taking the time to chat and reassure them." Staff recognised that this was important to people's sense of well-being and gave the home a warm family feel. We saw positive interactions between staff and people throughout our inspection and observed that staff went that 'extra mile' to ensure people were supported in a respectful way.

Peoples relatives told us they were free to visit at any time and were made to feel welcome. One relative told us, "We are always made to feel welcome when we come, we can sit in the reception and have a drink with them and it's like being in a coffee shop, or we can use one of the lounges if they are free and have some private time or go into their room." One person told us, "My friends and son come regularly when they are able to; there are no restrictions as to when they can come here."

Staff understood the importance of maintaining people's dignity. We saw staff supporting people to their bedrooms if they had chosen to spend time there, or if they required personal care. People told us, "All the staff are respectful. They [staff] really do care and they listen to you and only do things if you can't do them yourself. They always close the door when coming to wash or move me, they are gentle and always close the curtains as well."

Staff told us, and we saw that they involved people and respected their independence as much as possible. One staff member told us, "[Resident] has dementia, she cleans her own teeth usually but sometimes she needs reminding, and when getting dressed I usually show her a couple of tops for her to choose from rather than expecting her to be able to choose from everything in the wardrobe as that would be too much for her." We saw staff encouraging people with their mobility and encouraging them to use their equipment to get around the home. One person told us, "Staff help me to get around and I like to be out in garden as much as I can." Another person said, "We can do what we like, I use my frame to get around and staff just tell me to slow down sometimes so I don't trip."

Staff were able to tell us what was important to each person, and we saw that staff encouraged and promoted friendships between people. For example, we observed staff support people who had developed close friendships to sit together during activities.

Good

Is the service responsive?

Our findings

At the last inspection the service was responsive to people's needs and this area was rated good. At this inspection, people received personalised support that promoted their independence and it has remained rated as good at this inspection.

We saw that people were encouraged to socialise, take part in activities and try new things that were of interest to them. Staff ensured people had access to as many activities as possible to promote their physical and mental well-being. People told us, "I go to the activities as it breaks the day up. They are very good and ask what we would like to have and try to accommodate everyone", "They have lots of activities here. I went to the quiz this morning and loved it. They do ask what I would like to have a go at or do and do their best to arrange." For example, we saw that people had requested more activities to be arranged outside of the home, so the use of a minibus was arranged so that two outings per month could be organised with people deciding in resident meetings where to go. We saw that people had visited a local attraction and a trip to a local tea room and garden centre had been organised. We saw people partaking in a quiz, people enjoyed this and people engaged in conversations. We also observed people joining in an exercise class along to music which people also enjoyed. A 'knit and natter' club had been established and knitted item were donated to the local hospital for babies to use. One person said, "I love knitting, and helping babies with it is just the icing on the cake." Further plans were being made to connect with local schools and summer activities when the weather improved. Activities were discussed at every resident monthly meeting and, and where people could not communicate their wishes, life histories and family knowledge was used to tailor activities to those peoples past hobbies and interests. We also saw that when people chose not to join in group sessions, or were nursed in bed that individual activities were provided.

People were encouraged to maintain relationships with family and friends and those that were important to them. One relative told us, "They have quite a few parties, and entertainment and we're always invited. We came and had a meal here, they set a table up for us in the spare lounge, it was wonderful to all be together as a family." Where some people had special birthdays, we saw that parties had been arranged for them to celebrate. One person told us, "On my birthday they got me up and I managed to dance a little with my Zimmer frame. I like everything they put on and do here." We also saw that an anniversary meal had been arranged for a couple which was held in the lounge with petals on the table and they were given time alone together. People and relative were also encouraged to be together over Christmas.

People's care plans were easy for staff to refer to when providing care and support and were personalised to reflect each person's needs. For example, supporting people to retain independence by stating what aspects of dressing they could manage themselves, if they could usually clean their own teeth but may need prompting and if any communication aids were needed. People's families and loved ones were encouraged to contribute to life histories so that any significant events which had impacted on them, such as a deterioration in health or the passing of a loved one so that people felt consulted and listened to.

Some people receiving support had varying communication abilities due to dementia and other conditions. We saw that staff were able to communicate and understand each person. Care records contained clear

communication plans explaining how people communicated, and the best times to ask them to make decisions. We looked at this information in relation to how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People were supported to have a comfortable and dignified end of life care in line with national best practice guidance. At the time of the inspection there was no-one receiving this type of service. The registered manager said they would work closely with each person's family, GP's and other health professionals to ensure people's needs and wishes were met in a dignified way.

There were opportunities for people, and people that were important to them to raise concerns and compliments. We saw that monthly resident meetings took place and relatives were also aware of how to complain if they needed to. The complaints procedure included contact details of the provider. This ensured people were given the information needed if they felt they needed to raise a concern or complaint. The service had received complaints and we saw that these had been responded to in line with the organisation's procedure including written responses and duty of candour. Duty of candour is a regulation that ensures providers are open and transparent when things go wrong. We saw where a relative had complained about the care their relation had received, that this had prompted a change in the way notes were recorded when a person refused care.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection Well-Led was rated as requires improvement. This was because feedback from people had not always been responded to, and there was no system in place to monitor how staff responded to people's call bells. At this inspection we found improvements had been made and well-led is now rated as good.

People and their relatives spoke fondly of the registered manager and the staff team. They felt the service was well run and they were actively involved. Comments included, "It's lovely here. The staff and management are excellent and I have no complaints at all", "The manager is very friendly and pops in to see me. She is quite hands on herself", "The carers are very good, and the manager is very open to suggestions, everyone here instantly made us feel welcome", "We've never had any problems with the care here, the manager always listens to families and does her best to keep people happy here." Where able, people who lived in the home were involved in the interview stages for potential staff. One person told us, "Yes, I was asking the new staff questions, I put them through their paces."

The management team provided strong leadership and were good role models for the staff. Staff were clear about the values of the service and provided person-centred care and support. Staff also told us, and records confirmed staff had regular supervisions and team meetings. Staff told us that the management team listened to them, took action if there were problems and actively sought suggestions from them. Staff commented: "The manager is very approachable and always has her door open. I've never worked with such a group of colleagues that genuinely care and work well together. I've raised issues with the manager before and she's dealt with things really quickly, I wouldn't have any issues telling her anything, always been really supportive of all of us; personally, and professionally I think" and "The manager is lovely, she couldn't do anymore for the staff or residents, she really does support us all, her door is always open and says please come and see me and we'll sort it." Health professionals also fed back that they felt the home was well run and the registered manager liked to be kept up to date with people's care, they told us, "I visit regularly and will let the carers know if there are any changes, but the manager always wants to be involved, she is very 'switched' on and likes to keep up to date with any change in needs." And "I personally consider Wheaton Aston court to be a very well managed and professional care home. The home is very welcoming to both visitors and staff. I am treated with professionalism and my patients within the home seem very content."

The registered manager ensured the staff were up to date with current best practice and we saw initiatives were undertaken in the home to try to prevent falls and limit pressure wounds. There was a falls initiative run as part of a falls prevention week called 'please don't hug the floor' this was a pictorial prompt to encourage people to use their call bells to request help instead of risking a fall. The registered manager was working with the local NHS Trust trialling using different dressings as part of a skin tear management pathway. The home also used 'Dignity Champions' to ensure dignity was embedded with staff practice and people's care. Staff were also supported to gain additional qualifications.

There was a system of quality assurance in place that was effective in monitoring and improving the quality of service. People had monthly meetings with staff to enable them to discuss their care plans and any

changes in need. A staff member told us, "We use the meetings to have some one-to-one time, to find out if anything was worrying someone, and to check in and see if their needs may have changed, then if they have we feed this back and changes are put in place". Resident meetings took place monthly to discuss any issues people may have and to discuss ideas for menus or activities. For example, we saw that in a recent meeting it was raised that people felt the sandwiches always had the same fillings, in the following meeting it was fed back that this had been rectified, there was more choice of fillings available and people had commented they were pleased. Surveys had been completed by people using the service and relatives. The results of the survey showed an increase in satisfaction from the previous survey. Following the survey, we saw that action had been taken to rectify any issues, or implement any suggestions in the form of a 'You said, we did' project. For example, we saw that people had requested that the outside areas were improved, and people were encouraged to plant up their own planters and these were placed outside their bedroom windows. The registered manager recognised the importance of gaining feedback about the service so they could continually improve to meet people's individual needs.

Regular checks were completed as part of monitoring the service. For example, we saw the registered manger completed a daily walk about and regular night shift spot checks to check for any hazards or tasks not completed within the service. These included medicines, staff washing hands between tasks, environment free of trip hazards and call bell monitoring. We saw that the registered manager used a dependency tool to assess people's needs. This was used to plan how many staff were needed to support people. We saw that the registered manager used this as a guide but ensured the service had more staff than suggested to allow for anyone that may become unwell or need more support.

The registered manager conducted audits regularly and was overseen by the provider. These had assessed areas such as accidents and incidents, medication and various health and safety audits were carried out to enable any trends to be spotted to ensure the service was meeting the needs of people. If any issues were identified in the audits we saw that actions were taken and a plan to reduce the risk of similar events was put in place. For example, through referral and involvement of other professionals, care plan reviews and updating staff members.

The registered manager had submitted statutory notifications within the time scales required and the rating of their previous inspection in the home was displayed, which is a legal requirement as part of their registration.