

Anchor Hanover Group

Wetherby Manor

Inspection report

St. James Street
Wetherby
LS22 6RS

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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

About the service:

Wetherby Manor is a nursing home providing accommodation, nursing and personal care to up to 75 people over three floors, each of which has separate adapted facilities. The home provides support to older people and people living with dementia. At the time of our inspection there were 62 people living at Wetherby Manor.

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

People felt safe with the care they received, and staff were knowledgeable about when to report concerns to safeguard people. Risk assessments identified people's individual support needs, and professionals were referred to when required.

Staff were recruited in a safe way. Sufficient numbers of staff with the right skills were deployed to meet people's needs.

Systems were in place to ensure medicines were received, stored and administered in a safe way. Staff received appropriate training to ensure they had the skills to meet people's needs. Staff knew and understood people's support needs well.

Infection control systems were followed. People were protected against the risks of transmission of COVID-19.

People were provided with a choice of nutritious home cooked meals. Staff monitored the food and fluid intake of people at risk of malnutrition and / or dehydration and timely action was taken in response to any concerns identified.

People were supported to have maximum choice and control over 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 were asked for their consent before care and support was provided and staff understood the principles of the Mental Capacity Act 2005. Systems to assess and record people's capacity to make informed decisions about their care and treatment were in place.

People had access to healthcare services as and when required. People commented the staff were kind and caring and they had positive relationships with all the staff. Staff maintained people's privacy and dignity and encouraged people to be as independent as possible. Staff worked in a flexible way to meet people's support needs in a person-centred way.

People were involved in developing their care plans and were given choices. People knew how to make a

complaint and felt confident any concerns or complaints would be listened to and appropriate action taken by the management.

People and staff all commented they had confidence in the registered manager and the management team.

People and staff were asked for their feedback and this was acted on to continually improve the service provision.

Rating at last inspection

The last rating for the service under the previous provider was good, published on 19 January 2019.

Why we inspected

This service was registered with us on 22 July 2019 and this is the first 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.

Follow up

We will continue to monitor information we receive about the service until we 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 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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Wetherby Manor

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 Care Act 2014.

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 one inspector.

Service and service type:

Wetherby Manor is a care home. 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.

The service had a manager in the process of registering with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

Inspection activity commenced on 7 April 2022.

We spoke with six people who used the service and one relative about their experience of the care provided.

We spoke with nine members of staff including the manager, deputy manager, district manager, regional support manager, wellbeing manager, nurses, care and kitchen staff. We received feedback from a visiting G.P.

After the inspection

We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

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

- People we spoke with told us they felt safe and well cared for at Wetherby Manor. One person said, "They [staff] are always very kind and helpful." A family member commented that, in their experience, "The staff are very good indeed." Another person told us, "I feel very safe, it's a wonderful place."
- The service had safeguarding and whistleblowing policies and procedures which staff knew how to effectively use. One staff member told us, "I would report anything I was not happy with to the manager. I also know I can contact external agencies."
- Staff received training to know how to safeguard people from abuse. An electronic system was used to make sure staff kept up to date with training.

Assessing risk, safety monitoring and management

- Risk assessments were in place and regularly reviewed in line with people's changing needs. These covered areas such as pressures sores, choking, mobility and weight.
- A system was in place which enabled staff to report accidents and incidents without delay to senior management and the registered provider.
- Routine maintenance checks were carried out to ensure the safety of the home and specialist equipment people required such as hoists. General environmental risk assessments had been completed to help ensure the safety of people, staff and visitors. These assessments included: water temperature, electrical systems and legionella. Legionella are water-borne bacteria that can cause serious illness.
- The risk to people from fire had been reduced by staff fire training, fire drills and servicing of fire equipment.

Staffing and recruitment

- People were supported by enough staff to meet their assessed care needs. The manager decided staffing levels by using a dependency assessment tool and took account of the layout of the care home. This process identified the numbers of staff required to meet the needs of the specific people residing at Wetherby Manor at the time of the inspection.
- People were supported by staff who were safely recruited. The provider had an effective recruitment policy and procedure, and pre-employment checks were routinely carried out.

Using medicines safely

- People received safe support with their medicines. Staff supported people with their medicines in a dignified and caring manner. People were supported to take medication at their own pace with drinks provided as needed.

- Medication was administered in line with the specific prescribing instructions. For example, we observed nursing staff consulting with care staff working with some people prior to giving medication to ensure people had eaten prior to taking medication when this was needed.
- Whilst there were systems in place to monitor medicine administration we identified some minor issues such as, not all liquid medicines had an 'opened on' date. The provider told us they would review the frequency of medication audits to ensure any issues would be identified and rectified in a timely manner.
- Medication was safely stored in locked trolleys on each unit and medicines requiring stricter security by law were stored appropriately, with stocks matching records.

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The registered manager had a system in place to investigate any incidents or accidents which occurred at the home. Each accident or near miss was investigated individually to determine if anything could be done to prevent reoccurrence.
- Staff were kept informed about incidents and what changes were needed to improve the service. One staff member said, "Incidents and any changes we need to make as a result would be discussed at a daily meeting and the wider staff meeting. This would include any incident from any other home in the group."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Assessments highlighted people's needs and their desired outcomes. These assessments detailed specific support needs such as any dietary needs, preferences with how people spent their time. Where needed, referrals to external agencies were made for support.
- Staff ensured they applied their learning when supporting people in line with best practice. For example, we observed staff supporting people in a safe and respectful way when helping them to transfer from wheelchair to chair. Staff were patient and offered reassurance throughout the transfer.

Staff support: induction, training, skills and experience

- Staff received an induction that included a period of shadowing more experienced staff.
- New staff, without previous experience in care were supported to do the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff received a variety of training courses to help them carry out their roles and meet people's needs. This included: pressure area care, dementia awareness, safeguarding, food hygiene, fire safety and moving and repositioning. One staff member told us, "There are always training opportunities." One person said, "I think the staff must be well trained because they do such a good job." A relative commented, "The staff here are caring and very professional."
- Nursing staff were aware of their responsibilities to re-validate with their professional body, the nursing and midwifery council. Nurse re-validation is a requirement of qualified nurses. This process ensures they provide evidence of how they meet their professional responsibilities to practice safely and remain up to date.

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

- People had meal choices and access to food and drink throughout the day. The chef spoke passionately about the mealtime experience and how they catered for people individual preferences.
- The dining environment was pleasant and set out as a restaurant with the food well-presented. We observed good interactions between staff and people throughout the breakfast and lunchtime meals.
- Staff knew who needed modified food and drink and where people had a choking risk staff had specific training to understand how to support the person in a safe way. In addition, the chef met with the staff team on a regular basis to ensure they had up to date information on people's diet and preferences.
- The chef had monthly meetings with people to gain feedback. One person told us, "The food is always very good indeed with plenty of choice."

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

- Within each unit the lounge areas and dining rooms were popular with people, most of whom chose to spend their time in these rooms.
- People freely moved around the unit where they spent most of their time making full use of the communal areas such as, the piano bar.
- Whilst all rooms were en-suite, bathing and toilet facilities were conveniently located in the home and afforded privacy to people when they were being used.
- The manager informed us when rooms became vacant, they were redecorated before being occupied again.
- Corridors on each floor held areas of interactive interest such as, a village store and potting shed.

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

- The staff worked with other healthcare professionals in meeting people's needs. Staff knew how to recognise deterioration in people's health. Records showed they had contacted the GP timely and any advice was followed.
- A visiting G.P. told us, "I find the staff knowledgeable, efficient and the service to be very good."
- People were supported to access healthcare appointments when necessary.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had appropriate mental capacity assessments in place within their care plans. Care plans described people's care support needs and identified whether the person had the capacity to make decisions about those areas. People were supported to make their own decisions about their care where they were able to.
- The provider had made the necessary applications to the local authority when it had been determined it was in a person's best interests to be deprived of some aspects of their liberty. For example, where it had been identified a person would not be safe if they left the building without being supported.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People's care needs were assessed by the provider before they moved into Wetherby Manor. The assessment included any equality and diversity support needs which informed people's care plans and were a guide for staff.
- Staff interacted positively with people. We observed people being supported in a respectful way.
- People were well treated by staff. People and their relatives told us staff were kind and they had a good relationship with them. One person said, "I have been very happy here since day one, the staff are really lovely." A relative said, "In my experience, the staff are kind and very caring indeed."

Supporting people to express their views and be involved in making decisions about their care

- People and their relatives had been involved in developing their plans of care. This had contributed to ensuring the support provided was suited to the person. Relatives informed us they were involved in decisions about the care provided. One person said, "[Name] likes routine and these personal routines and preferences are respected and followed by staff."
- Staff knew people very well. Staff could talk in detail about people they were supporting, referring to people's specific needs and how they liked to spend their time in the home.
- Care plans and decisions were regularly reviewed with contributions from staff and relatives to ensure the plans continued to be current and suited to each person.

Respecting and promoting people's privacy, dignity and independence

- Staff were mindful of respecting people's privacy and dignity. People told us staff were kind, considerate and friendly and they had good relationships with all the staff.
- Staff encouraged people to maintain their independence and to build on their skills.
- Staff understood they had a duty of confidentiality. People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.
- Staff were respectful in their interactions with people. They were discreet when offering support to people and ensured people had their needs met in privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff shared a common focus on ensuring people received individualised support to meet their needs and preferences.
- People had care plans in place, which gave staff enough guidance on how to respond to people's support needs. Full attention was given to both people's mental health and psychological health needs, as well as their physical care needs. There was clear information on the actions staff should take to support each person.
- Assessment and care planning documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act. Staff did not discriminate and recognised people's diverse needs. Individual records detailed, as needed, people's specific skin care needs and any dietary preferences.
- Resident meetings took place during which people were encouraged to share their experiences of receiving care at the home. Records showed the manager took timely action to respond to suggestions from people, such as organising outings and reviewing the food menus.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's ability to communicate was recorded in their communication care plan, to help ensure their communication needs were met. The plan included information on how to communicate with people effectively. We observed that staff knew people well and communicated with them in a way that was respectful and met their communication needs.
- Information such as COVID-19 guidance and how to make a complaint was made available in easy read formats, such as posters and notices, to help people understand the information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- There were a range of activities provided by the service. We saw people were free to become involved with these if they wanted. For example, an Easter crafts activity was advertised. One person said, "I really like the activities where I make something, so the Easter one is something I look forward to." A relative told us, "[Person] enjoys some of the activities, especially music. There always seems something to do."
- Due to COVID-19 restrictions some activities had been cancelled such as, the annual trip to the Great

Yorkshire Show. In response, the provider put on a virtual show, with videos and photos of previous attendance, Yorkshire pudding competitions with other homes via Zoom. Managers had also dressed as cows, to be judged as best in show by people. One person commented, "What a fabulous day, what fun."

- The national wellbeing manager had introduced a physical activity programme for people, called, ZEST. They told us it was very well attended and its purpose was to maintain and develop strong joints and mobility.

Improving care quality in response to complaints or concerns

- A complaint policy was in place and systems were in place to receive and act on complaints. At the time of the inspection no complaints had been received. People told us they would feel comfortable speaking with the manager if they were unhappy with the care they received or if they had any concerns.

End of life care and support

- People and relatives had been given the opportunity to discuss end of life wishes to ensure people could be supported and specific care provided when needed. Staff told us these discussions were part of every person's care when they moved into the home and they formed part of routine conversation about planning their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider and manager had systems in place to understand their roles and responsibilities and had a detailed improvement plan to drive change in the home.
- Quality assurance systems were in place and identified areas of improvement. The manager told us they would review the frequency of the medication audit following our inspection. There was evidence where improvements had been highlighted, this was actioned and shared with staff.
- There had been a recent change in the management team, staff acknowledged they were getting used to the change in management style but felt the home was being managed well. One staff member told us, "I think [manager name] is a good manager, if they say they are going to do something, they will do it."

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

- Staff commented positively on the support they received from the manager. One staff member said, "The staff meetings are good, we discuss things in detail if needed. You can always ask questions if you are not sure and we are always able to contribute our thoughts."
- Relatives were positive about the support provided to people living in the home. One relative said, "I'm confident the care here is good and consistent."
- The home had a clear open culture with all staff contributing to providing good quality person centred support. Staff were keen to talk about all they do with and for people.
- The manager responded promptly when any incident became known in the home. Improvements were promptly introduced to further protect people from re-occurrence.

Continuous learning and improving care

- The manager reviewed and monitored all aspects of the service. They consistently sought the views of people using the service and staff and showed timely action was taken in response to areas identified for improvement or changes, such as, changes to the menu.
- The registered manager and staff team worked with other healthcare professionals to ensure people's physical and emotional needs were consistently being met.

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 manager was fully aware of their responsibilities under the Duty of Candour. The Duty of Candour is a

regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

- The manager said, "We are fully transparent about what we do, if we make a mistake, we accept it, learn and improve."
- The manager and provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were involved in making decisions about the home through face to face meetings and regular surveys.
- Staff were able to give feedback and have influence on developing their role. This was via individual and face to face meetings with the management team as well as the provider involving staff in evaluating how as a provider, they can make it a better place to work.

Working in partnership with others

- The registered provider worked collaboratively with GP, pharmacist, speech and language teams and other local community health services. A visiting G.P said, "Wetherby Manor works well with the surgery. I believe it has knowledgeable staff who deliver good care."