

Wakefield House Care Home (Cullen) Care Home Service

Seafield Place
Cullen
Buckie
AB56 4TE

Telephone: 01542 841 326

Type of inspection:
Unannounced

Completed on:
7 February 2023

Service provided by:
Craigard Care Ltd

Service provider number:
SP2004006030

Service no:
CS2004061815

About the service

Wakefield House Care Home (Cullen) is owned by Craigard Care Ltd. It was registered to provide a care home service to a maximum of 30 older people.

The service provides accommodation over two floors in single bedrooms, each with an en suite bathroom or shower room. There is one large sitting room and two dining areas. There is a conservatory which opens onto a well-tended, secure garden.

The care home is situated in a residential area of Cullen. The service is close to local transport links, shops and community services.

About the inspection

This was a follow up inspection to assess the progress the service was making since the last inspection on 30 May 2022. An unannounced inspection took place on 1 February 2023 between 09:15 and 15:00.

To prepare for this inspection we reviewed information about this service. This included previous inspection findings, registration and complaints information, information submitted by the service, and intelligence gathered throughout the inspection year.

To inform our evaluation we:

- spoke with eight people using the service
- contacted and spoke to two relatives or guardians of people who stay at Wakefield House.
- spoke with staff and management
- observed practice and daily life
- reviewed documents.

Two inspectors carried out the inspection.

Key messages

- Staff were welcoming, warm and working hard to try and meet people's needs.
- The service have met one of the two requirements made since the last inspection.
- There was an interim manager in place to oversee the ongoing improvements required.
- Staffing levels had increased meaning people's needs were being addressed more promptly or better managed.
- The quality assurance process and senior management oversight needs to improve to ensure required improvement, improves people's experiences of care.
- The care planning systems could be further developed to ensure people's changing needs are clearly reflected.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	3 - Adequate
How good is our leadership?	3 - Adequate
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	3 - Adequate

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Two requirements were made since the previous inspection. The service had put an action plan in place to manage the improvements needed. The service met one of these requirements. The other in relation to continence care and support will be reinstated with an agreed timescale of 10 March 2023. **(See 'what the service has done to meet any requirements we made at or since the last inspection' and requirement 1.)**

An area for improvement was made since the previous inspection. This was in relation to personal care. The service has not met this and will be reinstated. The other, in relation to staff development and support will be reinstated. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and area for improvement 1.)**

The service had made significant improvements in ensuring people were receiving the appropriate continence care and support. Support plans and assessments were now being linked with practice. Staff were monitoring when continence garments were changed, and catheter bags were being emptied. However, there were concerns identified that some people were still not being assessed or supported to wear the correct continence product. As a result, people's continence care remained inconsistent. The support and guidance from visiting healthcare professionals was beginning to have an impact on improving the outcomes for people. **(See requirement 1.)**

People were receiving and supported with fluids and drinks on a regular basis. People's oral fluid intake was being monitored and assessed by staff. Any concerns were identified quickly, discussed as a staff team and actions put in place to support that person to drink more. A previous requirement regarding hydration had been met.

People were assisted with daily personal care. In general care had been taken to ensure people's personal care was attended to. Records and charts were being completed. However, there was insufficient detail in some care plans to support people's preferences and choice. As a result, there was the potential for people not to receive the support and care that was right for them. **(See area for improvement 1.)**

A full medication review had been undertaken. Medication practices were now in line with best practice. The inaccuracies around the management and storage of medication had been addressed. People were receiving their medication in a safe manner.

People spoke highly of the quality and choice of meals. People's weight was being monitored, but there was a concern that some people's weight loss was not fully acknowledged, or action taken to address this. As a consequence, there was potential for people not to be supported with a diet that was right for them. **(See requirement 2.)**

Requirements

1. By 31 January 2023, the provider must ensure that appropriate continence care and support is managed effectively. To do this, the provider must:

- a) ensure residents continence needs are assessed and appropriate ordering systems are in place.
- b) ensure people have an appropriate personal plan which sets out how their continence needs are to be met (including catheter care).
- c) ensure people receive sufficient daily continence care and support.
- d) monitor continence care delivery through effective auditing tools.

To be completed by: 31 January 2023.

This is in order to comply with: Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

An extension to this timescale has been agreed to 10 March 2023.

2. By 10 March 2023 the provider must make proper provision for the health, welfare and safety of service users. To do this, the provider must, at a minimum:

- a) ensure the appropriate action is taken to address any identified weight loss.
- b) ensure the care plan fully sets out people's nutritional needs and how these needs are to be met.
- c) ensure supplementary records are accurately and fully completed and are subject to adequate oversight.

This is to comply with Regulation 4(1)(a) (welfare of Service users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'My care and support meets my needs and is right for me' (HSCS 1.19).

Areas for improvement

1. In order to ensure that people are receiving personal care that takes account of their needs and preferences, the service should complete a review of care plans. This should indicate daily oral hygiene requirements and bathing, showering, hair washing and nail care preferences.

This is to ensure care and support is consistent with Health and Social Care Standard (HSCS) which state that:

'My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

How good is our leadership?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

The service has had a change in management and an interim manager was in post. This change has had a

significant impact on the outcomes for people and staff. The manager and staff have worked hard to make improvements. However, there were some concerns around some staff and senior managements understanding of their roles, lack of daily oversight, knowledge and accountability. This was having an impact on the improvements required to enhance people's experiences and care. **(See requirement 1.)**

Requirements

1. By 10 March 2023 the provider must ensure that the quality assurance systems and processes in care practices must be further enhanced, ensuring senior management clearly identify the actions taken to address indications of poor care provision and to ensure improvements are sustained. To do this, the provider must, at a minimum:

- a) the roles and responsibilities of the management team are clearly defined
- b) develop a written plan of the oversight of the service and the improvement plan
- c) ensure that there is appropriate clinical leadership on a daily basis
- d) senior management to have an oversight of the quality assurance processes and systems including monitoring of staff understanding and care and support practice
- e) address training and development needs of staff.

This is to comply with Regulation 4(1)(a) (welfare of Service users) and Regulation 15 (Staffing) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

How good is our staff team?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

A requirement was made since the previous inspection regarding ensuring sufficient staffing to support people. The service had put an action plan in place to manage the improvements needed. Feedback from people has been positive about staffing. Recruitment of staff was ongoing, and the response has been positive. In the meantime, the service remained reliant on agency staff. The staffing levels had significantly increased. Given the environmental layout of the service the management need to consider how staff are deployed. This would ensure that staff were more readily available to respond to people's needs, especially those who prefer to spend their day in their bedrooms. A new staffing assessment tool was in use. This was based on information within the personal plans and professional judgment. There remained a concern over leadership and oversight of practice when the manager was not visible. Training was underway to support staff develop their roles of leadership during a shift. Most staff were enthusiastic and proactive about the changes required to improve the outcomes for people.

This requirement was not met and will be reinstated with an agreed timescale of 10 March 2023. **(See 'What the service has done to meet any requirements we made at or since the last inspection' and requirement 1.)**

Requirements

1. By 31 January 2023, the provider must demonstrate that the level of staffing is sufficient to provide support to people experiencing care. To do this, the provider must:

- a) ensure dependency levels of people using the service are accurately assessed and recorded
- b) ensure there are sufficient numbers of staff that can be deployed within the care home, taking into account of areas such as catering, housekeeping (not limited to) and the layout of the building
- c) undertake regular audits of staffing levels to ensure they meet people's assessed needs.

To be completed by: 31 January 2023

This is in order to comply with: Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011 No. 210 Social Care)

An extension to this timescale has been agreed to 10 March 2023.

How good is our setting?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Three area for improvements were made since the previous inspection. These were in laundry arrangements and the environment. The service had met two of these, the other, in relation to creating a homely environment will be reinstated. **(See 'what the service has done to meet any requirements we made at or since the last inspection' and area for improvement 1.)**

Significant improvements had been made in relation to the cleanliness of the home and ensuring areas have less clutter. There had been improvements made in the laundry processes. Due to the limited space within the laundry the management need to continually monitor these processes to ensure that any risk of contamination is reduced. Some carpeting had been replaced and the public areas were warm and welcoming. The provider should consider developing a formal environment plan to ensure a rolling program of replacements and repair. This will ensure people have a nice place to stay. There was concern around some people's bedrooms being stark and uninvited in. **(See area for improvement 1.)**

Although the service was clean, they had not taken into account or implemented the best practice guidance in relation to cleaning. Equipment, in general, was visibly clean but information for staff regarding cleaning was inconsistent or incomplete. Staff in general had a basic understanding of infection prevention and control (IPC) practices and the 'Safe Management of the Care Environment'. The service needs to eliminate the use of reusable cleaning equipment and spray bottles. This will assist in reducing any risk of spreading infection. Daily cleaning was undertaken, and basic cleaning schedules were being completed. There was limited oversight or auditing of the cleaning processes. Although staff were working with the best intention there were clear breaches in relation to Care of Substances Hazardous to Health (COSHH). As a result, there was a risk to both staff and people using the service of the cleaning products and chemicals being used ineffectively and therefore there was an increased risk of spreading of infection. **(See requirement 1)**

Requirements

1. By 10 March 2023 provider must ensure that people living in the care home experience care in an environment that is safe, well maintained and minimises the risk of infection. To do this, the provider must, at a minimum::

- a) ensure that the premises, furnishings, and equipment are clean, tidy, and well- maintained at all times
- b) a full infection prevention and control audit is undertaken routinely and address any practice concerns promptly
- c) ensure that processes such as cleaning schedules and regular quality assurance checks are in place to ensure that the environment is consistently safe and well-maintained
- d) all staff are aware of and have ready access to the 'Safe Management of the Care Environment' guidance
- e) ensure that safe infection control practices are adhered to by all staff at all times
- f) staff practices are monitored, and staff assessed as being competent.

This is to comply with Regulations 4 (1) (a) and (d) (welfare of users and procedures for the prevention and control of infection) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which states that:

'I make informed choices and decisions about the risks I take in my daily life, and I am encouraged to take positive risks which enhance my quality of life' (HSCS 2.24); and

'My environment is safe and secure' (HSCS 5.17).

Areas for improvement

1. People should live in a homely environment which meets the needs of the people living there. The manager should develop and implement a written plan with clear priorities and timescales to improve the environment to include:

- a) undertaking a review of the environment to make sure the well-being of people living with dementia is promoted; and
- b) improve access to toilet facilities for people using the communal areas.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that:

'The premises have been adapted, equipped and furnished to meet my needs and wishes' (HSCS 5.16).

How well is our care and support planned?

3 - Adequate

We evaluated this key question as adequate, where strengths only just outweighed weaknesses.

Work had begun to improve the care plans. These updated care plans contained detailed information which was easy to access. This had begun to assist to helped inform practice and helped support people get the care and support that is right for them. The improvements made to the care plans should be rolled out

throughout the whole home. This will ensure that people receive the care and support that reflects their needs and wishes in a consistent manner. **(See area for improvement 1.)**

Areas for improvement

1. To support people to experience care and support which is consistent, safe, and meets their needs, the provider must ensure personal plans are written in a personalised, individualised manner and reflect people's choices, wishes and views.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices' (HSCS 1.15).

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 31 January 2023, the provider must ensure that appropriate continence care and support is managed effectively. To do this, the provider must:

- a) ensure residents continence needs are assessed and appropriate ordering systems are in place
- b) ensure people have an appropriate personal plan which sets out how their continence needs are to be met (including catheter care)
- c) ensure people receive sufficient daily continence care and support
- d) monitor continence care delivery through effective auditing tools.

To be completed by: 31 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 October 2022.

Action taken on previous requirement

This requirement was not met. (See 'How well do we support people's wellbeing?') We have reinstated this requirement to reflect our findings with agreed extended timescales of 10 March 2023.

Not met

Requirement 2

By 31 January 2023, the provider must support service users to maintain hydration needs. To do this, the provider must:

- a) ensure people have appropriate fluids offered at regular intervals during the day and access to fluids at night
- b) ensure there is sufficient oversight of daily hydration records.

To be completed by: 31 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 October 2022.

Action taken on previous requirement

This requirement was met. (See 'How well do we support people's wellbeing?')

Met - within timescales

Requirement 3

By 31 January 2023, the provider must demonstrate that the level of staffing is sufficient to provide support to people experiencing care. To do this, the provider must:

- a) ensure dependency levels of people using the service are accurately assessed and recorded
- b) ensure there are sufficient numbers of staff that can be deployed within the care home, taking into account of areas such as catering, housekeeping (not limited to) and the layout of the building
- c) undertake regular audits of staffing levels to ensure they meet people's assessed needs.

To be completed by: 31 January 2023

This is to ensure care and support is consistent with Health and Social Care Standard 1.19: My care and support meets my needs and is right for me.

This is in order to comply with:

Regulation 15(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This requirement was made on 5 October 2022.

Action taken on previous requirement

This requirement was not met. (See 'How good is our staff team?') We have reinstated this requirement to reflect our findings with agreed extended timescales of 10 March 2023.

Not met

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

A review of the current laundry arrangements should take place. Particular attention should be given to the processing and storage of used/infectious and clean linen given the laundry area does not allow for a route for dirty to clean items entering and leaving the facility.

This is to make sure infection prevention and control measures are following the current guidance and is consistent with the Health and Social Care Standards which state that: 'My environment is secure and safe.' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 20 July 2022.

Action taken since then

This area for improvement was met. (See 'How good is our setting?')

Previous area for improvement 2

People should live in a homely environment which meets the needs of the people living there. The manager should develop and implement a written plan with clear priorities and timescales to improve the environment to include:

- a) undertaking a review of the environment to make sure the well-being of people living with dementia is promoted; and
- b) improve access to toilet facilities for people using the communal areas.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'The premises have been adapted, equipped and furnished to meet my needs and wishes.' (HSCS 5.16)

This area for improvement was made on 20 July 2022.

Action taken since then

This area for improvement was not met and will be reinstated. (See 'How good is our setting?')

Previous area for improvement 3

People and staff should experience a safe and well looked after environment which is clean and tidy. The service should take forward:

- a) improvements to the décor and general environment of the care home to include the staff office, staff room and staff changing room;
- b) the removal of excess furnishings and clutter from communal and storage areas; and
- c) the de-cluttering and improvements to the staff office, staff room and staff changing room.

This is in order to ensure that care and support is consistent with the Health and Social Care Standards which state that: 'My environment is secure and safe.' (HSCS 5.17); and 'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment.' (HSCS 5.22)

This area for improvement was made on 20 July 2022.

Action taken since then

This area for improvement was met. (See 'How good is our setting?')

Previous area for improvement 4

In order to ensure that people are receiving personal care that takes account of their needs and preferences, the service should complete a review of care plans. This should indicate daily oral hygiene requirements and bathing, showering, hair washing and nail care preferences.

This is to ensure care and support is consistent with Health and Social Care Standard 1.15: My personal plan (sometimes referred to as a care plan) is right for me because it sets out how my needs will be met, as well as my wishes and choices.

This area for improvement was made on 5 October 2022.

Action taken since then

This area for improvement was not met and will be reinstated. (See 'How well do we support people's wellbeing?')

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.3 People's health and wellbeing benefits from their care and support	3 - Adequate
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	3 - Adequate
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	3 - Adequate
5.1 Assessment and personal planning reflects people's outcomes and wishes	3 - Adequate

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