

Wakefield House Care Home (Cullen) Care Home Service

Seafield Place
Cullen
Buckie
AB56 4TE

Telephone: 01542 841 326

Type of inspection:
Unannounced

Completed on:
15 March 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. The service was being managed by Parklands Limited on behalf of the Administrators. 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 7 February 2023. An unannounced inspection took place on 13 March 2023 between 10:00 and 13:30.

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 in passing to people using the service
- spoke with staff and management team from Parklands Limited
- observed practice and daily life
- reviewed documents
- spoke with visiting professionals.

One inspector carried out the inspection.

Key messages

- The service was being managed by Parklands Limited on behalf of the Administrators.
- Staff were welcoming, warm and working hard to try and meet people's needs.
- The service have met all requirements made since the last inspection. These improvements need to be embedded into culture and practice.
- Staffing levels had increased meaning people's needs were being addressed more promptly or better managed.
- The quality assurance process and oversight of people's care had improved.
- The care planning systems needs to 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
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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

Five requirements were made since the previous inspection. The service had put an action plan in place, which has been reviewed and updated by the new management team to reflect the improvements needed. The service had met all the requirements. However, to ensure people remain safe, and changes in practice are sustained, an area for improvement has been made in relation to infection prevention and control (IPC). (See 'What the service has done to meet any requirements we made at or since the last inspection' and area for improvement 1.)

Areas for improvement

1. To ensure that people living in the care home experience care in an environment that is safe, well maintained and minimises the risk of infection, 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 ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state 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).

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

The service had continued to make significant improvements in ensuring people were receiving the appropriate continence care and support. Support plans and assessments had been reviewed and were being linked with practice. There was better oversight of staff practice to ensure that continence garments were changed, and catheter bags were being emptied. Training and development were ongoing. The home was being supported by external professionals and the Parklands training team. As a result, people were being assessed or supported to wear the correct continence product and continence care was more consistent. The management team need to ensure these improvements continue to be embedded into culture and practice. This requirement was met.

Met – outwith timescales

Requirement 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).

This requirement was made on 15 February 2023.

Action taken on previous requirement

People's weight was being monitored. As part of the organisation's quality assurance processes the manager and senior staff had a good oversight of those people at risk of weight loss. Action was taken to ensure that staff were aware of people's changing needs. Training and development were ongoing. There was better oversight of staff practice to ensure that people were receiving the right diet to meet their needs

on a consistent basis. The management team need to ensure these improvements continue to be embedded into culture and practice. This requirement was met.

Met - within timescales

Requirement 3

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).

This requirement was made on 15 February 2023.

Action taken on previous requirement

We are aware that it was only one week since Parkland Limited, acting on behalf of the administrators, took over the responsibility for Wakefield House Care Home (Cullen). A detailed implementation plan has been submitted. The management team, who were highly visible, had a clear understanding of the actions required to improve the outcomes and experiences for people who live in the home.

New quality assurance systems, policies and procedures have begun to be shared with staff and implemented. The auditing processes have identified and were beginning to address issues or concerns related to practice and the environment. As a result, this was having an impact on the improvements required to enhance people's experiences and care.

The management team need to ensure these improvements continue to be embedded into culture and practice. This requirement was met.

Met - within timescales

Requirement 4

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

Feedback from people, families and visiting professionals had been positive about staffing. The number of agency staff used was reducing as the staffing levels increased. Additional staffing support was being provided from other services within Parkland's group. Leadership and oversight of practice had improved. The management team had reviewed how staff were deployed in the home to ensure they were visible and readily available to meet people's needs, especially those who prefer to spend their day in their bedrooms. A staffing assessment tool was in place. This was based on people's needs and abilities as well as the environment. Most staff remained enthusiastic and proactive about the recent changes. The management team need to ensure these improvements continue to be embedded into culture and practice and the staffing levels continue to meet people's needs. This requirement was met.

Met - outwith timescales**Requirement 5**

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).

This requirement was made on 15 February 2023.

Action taken on previous requirement

The management team had undertaken a comprehensive infection prevention and control audit. Actions had been identified to improve practice, purchase new equipment and cleaning materials. New policies, procedures and processes had been implemented. There was greater oversight of staff practice and training and development on the products and equipment had been planned. As a result, people were being kept safe as the risk of spreading any infection had significantly reduced. Although this requirement was met, an area for improvement was made to ensure that these improvements continue to be embedded into culture and practice.

Met - outwith timescales

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

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

An assessment of the environment had begun. Immediate action had been taken to declutter the home and remove equipment and furniture that was no longer fit for purpose. As a result, more areas were more

usable for both staff and people who live at Wakefield. Replacement flooring had been purchased and bedrooms were being decorated. New equipment and furniture were on order. An environmental refurbishment plan was being developed to ensure that Wakefield was a nice place to stay. The management team need to ensure these improvements continue. This area for improvement was met.

Previous area for improvement 2

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

People were being assisted with daily personal care. The care plans had been reviewed to support people's preferences and choice. There was greater oversight of staff practice to ensure people's choices and wishes around bathing and personal care were being addressed. Additional specialised equipment had been sought to support people with complex needs. As a result, people were receiving the support and care that was right for them. The management team need to ensure these improvements continue. This area for improvement was met.

Previous area for improvement 3

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).

This area for improvement was made on 15 February 2023.

Action taken since then

Parklands Limited use electronic care planning and assessment documents. Work had begun to transfer people's personal plans onto this electronic system. The management team had undertaken an audit and identified that the care plans in place were incomplete, and that more detailed information was needed on people's care and support. To assist with this the management team had begun meeting with staff who knew people well, in the first instance, before consulting with people and their families. This will assist to help inform practice and ensure that people get the care and support that is right for them.

This area for improvement was not met and will be reinstated.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	3 - Adequate
1.5 People's health and wellbeing benefits from safe infection prevention and control practice and procedure	3 - Adequate

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