

Borough Care Ltd

Wellcroft

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

About the service

Wellcroft is a residential care home providing personal care to 42 people aged 65 and over at the time of the inspection. The service can support up to 42 people. Care is provided across two floors, with each floor having their own communal lounge and dining areas.

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

People generally felt safe and there were systems in place to minimise risk which included individual and generic risk assessments. Checks of the environment and equipment were undertaken and regular servicing and maintenance of equipment and utilities was completed. There were safe systems in place to recruit staff although not everyone felt that there were sufficient staff. Medicines were safely stored and the home put systems to ensure appropriate guidance was in place for people with 'as required' medication such as pain medicine.

People were supported to have an appropriate diet and had their care needs met and received support from healthcare services as required. The environment was homely and adapted to encourage people to be independent. People were supported to have maximum choice and control of 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.

Staff were generally kind and caring, although we noted there were times when they were task focused. We saw positive interaction between people and staff and staff knew people and understood their care needs. Independence was promoted, and care plans were developed to reflect how staff could do this. People's specific needs were being met and staff had a good understanding on equality and diversity and how to meet these.

A new electronic system of care records had been introduced and work was ongoing to make care plans more detailed and person centred. There were a range of activities for people to engage with. People felt able to raise concerns and complaints were investigated and responded to. The home worked closely with other healthcare professionals to provide end of life care. Staff had completed training in this area and understood how to support people and their families at the end of life.

People, relatives and staff were positive about the new manager and felt that things had begun to change for the better. There were a range of ways for people to engage with service improvement which included surveys and meetings. There were opportunities for learning and learning was shared across the home and provider locations.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 5 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Wellcroft

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.

Inspection team

This inspection was undertaken by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wellcroft 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 registered with the Care Quality Commission across two of the provider locations. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new home manager for wellcroft has recently started at the home and was in the process of registering with the CQC.

Notice of inspection

The first day of the inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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. We used

all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and five relatives about their experience of the care provided. We spoke with 15 members of staff including the manager, deputy manager, care workers, auxiliary staff and other members of the management team including representative from the catering and learning and development department. We spoke with two visiting health care professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood how to keep people safe. Staff had completed training in safeguarding and felt confident to report concerns to the manager and that action would be taken to address this.
- People and relatives told us that staff kept people safe. One person told us, "Staff are responsive to my needs" and a relative said, "I can sleep at night and not worry. I know my [family member] is safe."

Assessing risk, safety monitoring and management

- The home completed a range of risk assessments to ensure risks were reduced and people were kept safe. There were a variety of individual risk assessments completed in people's care plans which included choking and falls, and risk management plans were in place. Personal emergency evacuation plans (PEEPs) were in place to guide staff on how to support each individual in an emergency.
- Equipment and utilities were being regularly checked and maintained. We saw there were regular checks of equipment and the environment. External providers provided maintenance and servicing of equipment as require ensuring that equipment was working properly.

Staffing and recruitment

- The provider completed appropriate checks prior to staff beginning to work at Wellcroft. This included checks of character and with the disclosure and barring service (DBS). Staff confirmed that had attended an interview and provided reference checks and DBS prior to beginning employment.
- There were sufficient staff to meet people's care needs. During the inspection we observed that people's needs were met in a timely way and staff were responsive to call bells. The manager was in constant discussion regarding ways to ensure staff felt supported in their role, which had include looking at the shift patterns and rotating staff across the home.
- We received mixed feedback from people and relatives about staffing levels. Not everyone felt there was enough staff and two people told us, "There isn't enough staff on duty. I have to wait for my needs to be met." and, "You ring the buzzer and they don't come." However, another person told us, "There is enough staff on duty day and night."

Using medicines safely

- Medicines were administered and managed safely. People's medicine was securely stored, and accurate records of administration were maintained. We looked at the electronic medication administration records (eMARs) and saw that people were receiving their medicine as required. Systems were in place for people who required their medicine at a certain time or who had variable doses of medicine.
- The electronic systems for medicine had been recently introduced and guidance for people who had 'as required' medicine such as paracetamol for pain, were not in place on this system. This was raised with the

manager and immediate action taken to ensure staff know how to support people with this type of medicine at the point of administration.

Preventing and controlling infection

- The home was clean and tidy. People told us the home was kept clean and said, "They [staff] are constantly cleaning."
- Overall, staff used personal protective equipment, such as disposable aprons and gloves when supporting people with personal care. We observed one occasion where a member of staff did not wear PPE when provide support at meal time and spoke with the manager about this. We saw this was already an agenda item for team meetings and work was ongoing to promote and embed good infection control practices.
- The laundry was clean and tidy, and systems for ensuring dirty items were kept separate from clean laundry were in place. One relative raised a concern that items of clothing were not always returned correctly and we saw that the manager was working with the relative to address these concerns.

Learning lessons when things go wrong

- Systems were in place to ensure that lessons were learnt. This included investigating when concerns had been raised or there had been accident or incidents. This information was then discussed with staff through team meetings.
- There were systems to analyse accidents and incidents and action was taken in response to these. This included referrals to healthcare providers as required.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's care and support needs had been assessed when they first moved to Wellcroft and there were regular reviews of these needs.
- A new electronic system for care records had recently been introduced in the home and work to update and ensure electronic care plans were detailed and person-centred was on going. Staff told us the care plans contained enough information to guide them on how to meet people's care needs.

Staff support: induction, training, skills and experience

- Staff had completed a variety of training that was relevant to their role. Staff told us they had completed all the training they needed and there were opportunities for development and progression. Staff told us, "Training has been brilliant, we have a lot of learning. I like the training and it covered everything." and, "There are lots of opportunities to learn."
- Staff told us they felt well supported and received regular supervision to help them do their job. One member of staff said, "Supervisions are supportive, and you can discuss concerns. We get useful feedback."

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

- People were given the support they needed to ensure they had a balanced diet. People were given a choice of meals and could request a different option if they did not like what was on the menu. Most people appeared to enjoy the food provided and meal times were a social occasion.
- Care plans contained detailed information about people's dietary needs. This included information about people who needed a modified diet because of swallowing difficulties. Staff, including those within the kitchen, were aware of individual's requirements and understood how to meet these needs.

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

- Healthcare professionals told us the home worked closely with them to meet people's needs. They said, "We have a good relationship with the home. They are generally good at following advice given." and, "I have a good experience of visiting most of the time. Staff know people well."
- The home worked closely with local GP services and people received medical input as required. The local GP visited on a weekly basis to review people's health care needs and people and staff told us that this worked well in ensuring people had their healthcare needs met quickly. One person told us, "I get to see the doctor when I need to." and another person told us they had regular input from a specialist diabetic nurse.

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

- The home was clean, tidy and nicely decorated. There was an ongoing programme for redecorating and we saw progress was being made during the inspection. This included changes to the communal dining areas.
- There were a variety of areas for people to sit which included quiet areas, and adaptations had been made to support people living with dementia. This included bedroom doors which were designed to look like people's front doors which helps people living with dementia to orientate themselves throughout the home.

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 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 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.

- Care records demonstrated that appropriate applications had been made for people where restrictions were in place. The manager was aware when there had been conditions placed on a DoLS and ensured action was taken to meet these conditions.
- People had their capacity assessed and guidance was provided to ensure staff knew how to support people to make choices in their daily lives. There were appropriate policies and procedures to underpin this and staff received training in this area.

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 and relatives told us that staff treated them with respect. They told us, "All staff members, including the manager treat us with respect." We saw kind and compassionate interaction between staff and people and staff knew people well. However, there were times when staff were task focused and did not always consider people's preferences. For example, with the type of music that was played on the radio or whether what was on the television was of interest to the people sat in that area.
- The manager had a good understanding of how to meet people's diverse needs, including those with protected characteristics. Staff had completed training in this area and there were policies and procedures to ensure that people were not unfairly discriminated against.

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

- People were supported by staff to make decisions about their daily lives. We saw that people could get up when they wanted and make choices about where they wanted to spend time and what they wanted to eat and drink.
- Overall people and relatives told us they were involved in making decision about their care. One relative told us, "We've been Involved in decisions about my family member's care We have covered everything from medication to food to dressing.". However, not everyone agreed, and one person said, "They [staff] tell us and that's it."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. Overall staff were discreet when providing people with personal care. The home had privacy screens in place so when a person was unwell or required support from a health care professional this could be done in privacy in communal areas if this was a person's preference. People told us, and we saw, that staff would knock on people's doors before entering.
- Staff encouraged people to remain independent and mobile. We observed staff provided people with encouragement and support to enable them to do as much as they could for themselves and care plans reflected this.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were in place and contained enough information to guide staff on how to meet people's needs. We spoke to the manager about making these care plans more person-centred and were advised that work in this area was ongoing as part of the introduction on the electronic care plan records system.
- Staff knew people well and knew how to meet individual needs in line with the persons choices and preferences. Overall people and relative felt involved in developing care plans and there were regular reviews of care involving the relevant individuals.

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.

- The manager told us that information could be adapted to ensure it was accessible according to individual's needs. This could include large font and other languages.

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 was a range of activities available to people. At the time of the inspection the home did not have their own activity and lifestyle facilitator (ALF) but activities were provided by ALF's across the provider locations. The activities included music and singing, physical activities and arts and crafts as well as monthly trips out.
- People told us about various activities they had engaged with. One person told us about animal therapy sessions which had benefitted a person with sensory impairments, whilst another told us they accessed talking books to help them maintain their love of reading. One relative told us, "[Family member] has done more here than they have done in a lifetime."

Improving care quality in response to complaints or concerns

- The home responded to complaints and concerns when raised. We saw that a record of complaints and compliments were maintained, and any concerns were investigated and responded to. Overall, people and their families appeared to be satisfied with the response from the home.
- Information about how to raise concerns and make complaints was on display within the home. People, families and staff told us they all knew how to raise concerns. We saw that the manager operated an open-door policy and people could come to speak to them at any time.

End of life care and support

- The home was working with the local doctor's surgery to develop advanced care plans. People, their relatives, staff and health care professionals were encouraged to contribute to these to ensure people received suitable end of life care which was in line with their preferences and choices.
- Some people had care plans in relation to end of life care and the manager told us this work was ongoing as part of the move to electronic care records. Staff had completed training to support people and were committed to providing dignified end of life care to people.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as outstanding. At this inspection this key question has now deteriorated to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff spoke positively about the new manager. They told us that they felt confident to raise concerns and that any issues would be addressed. They told us, "The new manager is doing a good job. There have been changes but these have been for the best. We have some consistency." and, "If I need anything I can speak to the manager and it gets sorted straight away."
- Overall people and relatives were positive about the care and support they received. They told us, "I am very impressed with level of care." and, "They listen to me and take on board my family members unique requirements when it comes to their care."

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

- People and relatives told us that communication was good and relatives received regular updates. We saw that when things had gone wrong this was investigated and a response and apology given.
- The manager and management team completed audits around the quality of service provision and developed actions plan to drive improvement. Records showed that action was taken to maintain and improve the home and this work was ongoing.

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

- The manager understood their regulatory requirements and was submitted relevant statutory notifications to the CQC.
- Daily handover meetings were in place to ensure staff had all the latest information and how people's needs were to be met. Staff told us that communication and updates were effective. Staff had various opportunities to discuss people's needs and any changes within handovers and snap chat meetings that were held on a daily basis. We saw that staff actively contributed to these meetings and raised concerns when they noted people were unwell.

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

- There were various systems in place to involve people and relatives in contributing to service development. This included annual surveys for people, relatives and staff to complete. Feedback from this had been positive.

- Various meetings were in place to provide people with the opportunity to engage with service development. This included resident and relative meetings and staff meetings. There were meeting specific to staff's role and wider staff forums to discuss issues at provider level. We saw from the minutes of these meetings that updates regarding the service were provided and people were given the opportunities to share idea and make suggestions and action was taken in response.
- The home worked closely with a variety of organisations. Records showed that people were supported to access a variety of services including medical services, speech and language therapy and spiritual services. Clergy would visit the home to provide support to those who wished to engage with their religious preferences.

Continuous learning and improving care

- The home had various systems for continuous learning. Any learning from accidents, incidents, safeguarding and complaints were shared across the provider locations.
- The provider offers numerous opportunities for staff learning and development which included apprenticeship quantifications and opportunities for promotion. Staff spoke positively about the learning opportunities available.