

Country Court Care Homes 2 Limited

Walberton Place Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Walberton Place Care Home is a residential care home providing personal care to people aged 65 and over. The service can support up to 80 people, there were 64 people living at Walberton Place Care Home at the time of inspection. The service supports people who may be living with dementia or need support with their physical health.

Walberton Place Care Home is a large purpose-built building over two floors. Each floor has separate facilities such as dining areas, lounges and places to socialise. The first floor is a specialist unit for people living with dementia. The building is surrounded by gardens and has an internal, enclosed courtyard garden.

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

We have made recommendations about staff training and support for staff health and wellbeing. Please see the safe and effective sections of the report.

Recent improvements had been made to how people's needs and risks were initially assessed and responded to over time. The changes need time to embed for the Care Quality Commission (CQC) to be assured new systems are effective in supporting people's health risks.

People and their relatives felt they were safe. Staff understood how to identify and raise concerns to protect people from the risk of abuse. Some staff were not up to date with refresher training for safety related topics, the manager was finding ways to improve this.

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. People felt comfortable and happy in the home's setting, meals and drinks met people's needs and preferences.

People received support from kind and caring staff. Staff were motivated to provide respectful and attentive care, which ensured people's dignity was upheld.

People enjoyed a range of activities and opportunities to follow their specific interests. People and relatives found the atmosphere homely and friendly. People felt comfortable sharing their views about the service to staff and managers, and they felt listened to.

Improvements were being made to how the quality of the service was being audited and how information was being analysed in order to improve outcomes for people.

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

The last rating for this service was requires improvement (published 19 July 2021), and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found some improvements had been made and the provider was no longer in breach of regulations. However, the service remains rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about how people's risk of falls was being managed. A decision was made for us to inspect and examine those risks. We also followed up on action we had told the provider to take at the last inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walberton Place Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Walberton Place Care Home

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 Health and Social Care Act 2008.

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 and two specialists who visited the service and an Expert by Experience. The specialists looked at how falls and medicines were managed. An Expert by Experience contacted people's relatives for feedback about the service. 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

Walberton Place Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walberton Place Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post, however the current manager had started an application to register with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We received feedback from the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with twelve people who used the service and five of their relatives. Some people were not able to share their views with us due to their dementia, so we observed interactions between people and staff.

We spoke with the manager, deputy manager and area manager as well as the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with nine members of staff including the kitchen manager and chef, maintenance lead and care staff.

We looked at a variety of records relating to the management of the service, including policies and procedures, audits and action plans. We reviewed seven people's care plans and a range of care and medicine records. We reviewed three staff records relating to recruitment and we looked at records relating to training and staff support.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

At our last inspection the provider had failed to ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons were deployed. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- There were enough staff to provide safe care to people. Following our previous inspection the provider had put in place a variety of recruitment and staffing measures to effectively manage staff numbers.
- Rotas showed consistent staffing numbers and we observed there were enough staff available to support people when required.
- People living at the service and their relatives told us staffing levels had improved. One person told us, "It's easy to find staff, they are never far away. They always pop in from the corridor." Another person said, "There are all sorts of staff around, either cleaning or providing care. I think it's better than it was." Relatives told us they noticed recruitment had improved staff numbers and they saw regular and new staff.
- Appropriate employment checks were made about prospective staff to ensure they were suitable for the roles they had applied to. This includes references being sought and DBS checks being made. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Processes in place to assess people's needs prior to admission and to manage risks of falls had not been robust. Risk factors had not always been identified, analysed and acted on to ensure risks were monitored and reduced.
- The falls risk system had not always been accurate or consistent which meant people's risks were not always well monitored or supported. Changes had been made to the system of managing falls risks after the last inspection, however, these had not led to improved analysis of risk factors or clear actions to reduce people's risks. Improvements had been made in May 2022 to manager's oversight of falls risks which needed time to embed.
- The local authority had made recommendations in October 2021 and June 2022 about improving pre-admission assessments, risk assessments and responses to falls management. The service had previously responded by reviewing these processes and bringing in multifactorial assessments for people experiencing

falls. More recent changes to management oversight of risk needed time to embed and reduce risks for people.

- Staff had received training about working with people experiencing dementia and understanding people's heightened behaviour. Relatives gave us examples of how well staff had provided support and reassurance to people living with dementia. One relative told us, "Staff handle [my relative] brilliantly with respect and dignity, will always phone me for advice. [Staff members] are excellent, [staff member and staff member] are particularly good with her, can always calm her down."
- There were robust systems to check the safety of equipment and premises. We checked records about maintenance and safety of the building and found these to be up to date and clear.

Using medicines safely

- People's records did not always clearly identify medicine which could cause drowsiness and heighten risk of falls, and this had not been explored robustly as part of people's falls risk assessment. We spoke with managers about how the new multifactoral risk assessment would improve the previous system. Managers provided assurances that information about medicine would be gathered and used to monitor risks for each person as part of the new multifactoral risk assessment.
- We found that temperature checks for the refrigerated storage of medicine did not record the highest and lowest temperatures throughout the 24-hour period. This meant there was no way to monitor if the fridge was keeping medicines within the appropriate temperature range. The manager took steps to review this and ensure temperature of the fridge would be accurately recorded.
- Medicine was administered to people in a safe and respectful way. We observed staff to be polite and respectful, following safe protocols and keeping accurate records.
- Medicine stocks were managed safely and kept securely.

Systems and processes to safeguard people from the risk of abuse

- Not all staff had completed up to date training about keeping people safe. However, staff we spoke with understood how to recognise signs of abuse and how to raise concerns if they suspected abuse or neglect was taking place
- People and their relatives felt the service was safe and protected people from the risk of abuse. Relatives told us they observed no signs of abuse and were confident people they knew were safe from the risk of abuse. One person told us, "I always feel safe here, I've never seen or heard anything that would make me worry there was any abuse." Another person said, "There is always a manager or senior staff around if I was concerned, they are very approachable."
- There were policies and processes in place to safeguard people from harm and abuse and for recording accidents and incidents. Staff told us they were aware of these and knew who to raise concerns to.

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

- Visiting arrangements were aligned to current government guidance.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to carry out mental capacity assessments and best interests assessments for relevant people. This was a breach of regulation 9. (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's mental capacity to make specific decisions had been assessed and recorded in their care plans. Decisions made in people's best interests were recorded and relevant relatives or representatives were identified when they were party to decisions.
- People's records showed when authorisations to deprive them of their liberty had conditions attached. These were up to date and monitored. Applications were made to the local authority when authorisation periods had ended.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. This was a breach of regulation 12(1) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's care plans had been reviewed and updated by managers to provide more consistent detail about their health conditions and needs. Staff had reviewed people's care records and we saw support which was attentive to people's individual needs. Relatives we spoke with had been updated about or included in people's health reviews.
- People's falls risks had started to be monitored with a wider range of information about their physical, sensory, mental health and medicine needs. The management team described how their new approach identified people's complex range of risk factors in how their health was being monitored.
- Not all care staff we spoke with were aware of the current approach to reduce fall risks and improve outcomes for people. Staff could not always tell us what actions were in place to prevent or reduce falls for particular people. Managers were still embedding the new governance of risk and falls management to ensure there was a more proactive response to people's health needs and to reduce hospital admissions.
- The local authority had made recommendations to the service about ensuring health referrals and emergency advice was sought promptly following accidents and changes in health. This was being reviewed and addressed by the management team within their new risk management approach.

Staff support: induction, training, skills and experience

- Staff were supported through an induction period where they learned from more experienced staff members and familiarised themselves with people's needs.
- A new reflective practice supervision had been brought in by the manager to support staff to link their knowledge and support to how people's needs were being met.
- Staff had received training about working with dementia, behavioural risks, dignity in care and person centred care. Staff we spoke with said they were motivated by increased knowledge and skills and felt well prepared to support people with these needs.
- Not all staff were up to date with refresher training to ensure their knowledge and skills were up to date. Some staff were overdue training in fire safety, health and safety, infection control and safeguarding people from harm. We raised this with the manager who told us they were taking steps to support staff to access the equipment and time to complete overdue training.

We recommend the provider reviews the system for ensuring timely completion of ongoing staff training needs.

- There was an inconsistent approach to some aspects of identifying staff health and wellbeing needs. Managers confirmed only night staff were offered a written health questionnaire when starting in post, but not day staff. Managers verbally asked all prospective candidates about their health needs at their interview. This approach did not ensure all applicants and staff experienced equal opportunities through the recruitment and new starter process. The provider assured us they would escalate this issue to their personnel department for further advice.

We recommend the provider seek advice from a reputable source to ensure all aspects of their recruitment process are in line with The Equality Act 2010.

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

- People felt comfortable and happy in the home's facilities. One person told us, "I love my room and the different places I can eat and sit with people." We met people around the home who enjoyed the variety of places to sit if they either wanted company or wanted to be on their own.
- Relatives told us they felt Walberton Place was "homely", "clean and safe." People and their relatives described having lots of space in the home and courtyard which was well used by residents and visitors.
- The layout of the home enabled people to choose places for social opportunities and stimulation or quiet time. A number of communal areas were available for both casual and organised social interactions, such as dining areas, cafes and music and large screen film events. There were quiet places around the home and we observed a calm and friendly atmosphere around the home.

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

- People were given options for meals and drinks and their dietary requirements were known and catered for. People told us they were very happy with the food and drinks offered. Relatives thought the standard of food was "excellent" and "nutritious". One relative summed up their observations to us, "Food looks nutritious and home cooked, good variety and menu snacks always available. Plenty to drink, she gets encouraged to drink more water, the café is available."
- Where people required their nutritional intake monitoring this was noted in their records and kitchen staff had access to this information. Risks to weight changes were identified and people's weight was monitored where required and escalated to their doctor if concerning.
- The kitchen manager was proud of the standard of food produced for people and was developing new ideas for snacks to offer residents, such as a smoothie menu.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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 told us staff were kind and approachable. All of the people we spoke with felt well cared for and told us staff were caring and nice to be with. One person said, "I don't always want help but when I ask for help there is no hesitation. They are all very caring and attentive." One relative told us, "Absolutely, caring staff, never had an issue, always make time to talk, very easy to talk to any of them."
- We observed staff to be friendly and caring. Staff knew people's names and addressed them as such. Staff told us they were proud to work for a service where they were encouraged to show kindness and respect. One member of staff said, "I really feel there is a good culture here, we try really hard to create a homely place. I want people to really feel they are at home."

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

- People's records had details of relative's and representatives who should be involved or updated about their care and changes to their needs. This information was used when people required medical support or if decisions needed to be made in their best interests.
- Relatives felt updated and involved and welcome to visit the home. One person told us, "My [relative] can't visit as much as they like, due to commitments. With my permission [staff] give them updates about how I am, and staff inform them if I need to talk with them." Another person said, "All the staff are very good at making sure I have contact with my relatives. I always feel they are involved as much as I want them to be."
- Staff had enough time to spend with people, to talk and listen. A member of staff told us, "I think there are enough staff working that we can always sit and chat with people if they want us to. It's not just about the care tasks." Another staff member said, "It's really important to us that people can tell us what they think and what they want. I think we all want people to be happy and confident that we are listening."

Respecting and promoting people's privacy, dignity and independence

- People felt respected and were treated with dignity. All the people we spoke with told us staff asked their views and preferences and supported them in a respectful way. One person said, "I didn't know how I would feel moving into a home, I've been so independent all my life. I shouldn't have been so worried. All the staff are very caring about my privacy, I've told them I'm a bit shy and want to do what I can for myself and they completely respect that. But they are there if I need them."
- Relatives also gave us positive feedback about staff respecting privacy and dignity. One relative told us, "[My relative's] dignity respect and privacy are always respected we feel." A relative said of the care for two family members, "Privacy is acknowledged, [staff] always knock on the door. Both look clean and tidy, hair always done, showers every day, GP, chiropodist, and hairdresser available, nails painted."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection this rating has changed to 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; End of life care and support;

- People's care records had been improved following the last inspection and were more personalised about their wishes and preferences relating to care and day to day life.
- Staff and managers gained an understanding of people's history and background from them and their relatives. Staff valued this information as told us it meant they could have meaningful conversations with people about their life and important events.
- People's wishes about DNACPR (do not attempt cardiopulmonary resuscitation) decisions were clear on their end of life care plans when decision had been made. Representatives were named and decisions about care, treatment, faith and funeral wishes were recorded.
- Where people had previously identified a lasting power of attorney to represent their wishes, these had been identified on people's records for involvement in relevant decisions.
- The service had supported people experiencing end of life care and worked with people's family, representatives and healthcare professionals to ensure their wishes were followed when possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's preferences and needs relating to communication were noted in their records. We saw records describing how people liked to be approached and communicated with. People's physical and sensory needs were known and recorded in their care plans.

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

- People told us they felt encouraged to participate in social and community activities as much as they wanted to. One person told us, "I used to really love to walk everywhere, a lot. I cant do that at the moment but I love staff to talk with me about what's going on in local places, describing things they see and do. It makes me feel like I'm there and not missing out." Another person told us, "I'm really looking forward to going on the organised walk today. Staff told me about it and I specifically said I was interested so we are going soon."
- People's interests had been taken into account when discussing and arranging social activities. Relatives

gave us examples of staff tailoring activities to people's previous interests. One example shared was skittles being organised for someone who had previously really enjoyed bowling.

- The service had adapted its approach to arranging social activities and supporting pastimes since the COVID-19 restrictions. People were supported to spend time in a wider range of individual pastimes where this was their preference. A wide range of group activities were organised for people inside and outside of the home.

- People told us they had good support to spend time how they liked. Relatives praised the service for responding to people's preferred interests and told us they always felt welcomed when visiting.

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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to operate effective systems and process is to ensure good governance over the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The framework of managing and auditing the multifactorial falls risk approach was in place but required further improvement to the quality of information recorded. Risk factors were not yet being analysed effectively by the management team to produce risk reduction plans. Records of people's falls had gaps of information about action plans and lessons learnt. The provider told us how the improvements were aimed at ensuring improved outcomes for people's health and wellbeing. Improvements were being monitored but not yet fully embedded.
- The provider's audits had not identified inconsistency in the way health and wellbeing questionnaires were not offered to all staff The provider took steps to ensure this issue was escalated to the personnel department for further review and advice to ensure all staff requiring health questionnaires had access to them.
- Mental capacity assessments and best interest decision making had improved and were recorded more clearly and consistently following more robust audits.
- The manager told us about plans to install a new call bell system which would enable managers to more robustly and accurately audit responses and identify improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 provider had strong values about the quality of the service and was working towards these being strengthened in practice. Steps were being taken to respond to feedback from the local authority and CQC about improving outcomes for people when their needs increased. An example of this was their review of pre-admission assessments and falls management to improve how people's needs were accurately

assessed.

- The manager understood their responsibility about duty of candour. Relatives told us they were updated promptly about incidents and accidents experienced by people.
- People and relatives we spoke with enjoyed the environment of the home and experience a positive atmosphere. Relatives told us, "Atmosphere is lovely homely and friendly.", and, "There is a lovely friendly feeling at Walberton, very caring, everyone talks to each other." Another said, "Atmosphere! I would like to be there if I ever need the care, well laid out building, homely, friendly definitely."

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

- The provider was responding to local authority safeguarding and quality assurance feedback and valued this. There was increased provider oversight in the quality assurance processes of the service and stronger focus on improving people's outcomes as a result.
- The provider and management team were actively working on improvements to how they worked in partnership with health services and professionals. Referrals to the falls prevention service were more consistent and processes were in place to improve the information held about this.
- The service worked with district nurses who supported people's planned, long-term healthcare needs such as skin care. Paramedic practitioners were a valued source of support when people experienced accidents or changes in health needs. Advice about emergency care and transfers to hospital was followed.
- People and relatives we spoke with felt welcome to share their views and feed these back to the manager and staff. However, recent survey response numbers were not high, this was discussed with the management team who committed to review their feedback process to ensure it was easy to use.