Solor Care (South West) Ltd

Wey House Nursing Home

Inspection report

Norton Fitzwarren
Taunton
Somerset
TA4 1BT

Tel: 01823337391

Date of inspection visit:
05 July 2023
06 July 2023

Date of publication:
03 August 2023

Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Wey House Nursing Home is a residential care home providing personal and nursing care. It is registered to provide accommodation and care to up to 31 people.

The home specialises in the care of people who have a brain injury or complex neurological health care needs. The home is also registered to support people who have a learning disability.

At the time of our inspection there were 28 people living at the home.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People's experience of using this service and what we found
Right Support:
The service design and model did not fully meet the principles of Right support, right care, right culture. This is because the service is larger than what is usually considered practicable to provide person-centred care and support. The service was registered with us prior to the Right support, right care, right culture guidance being implemented. The service was able to demonstrate they met these principles, people received person centred care and support

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 were able to make choices about their day to day lives. Staff supported people in a person-centred way.

Right Care:
People's health needs were monitored, and they were supported to access healthcare professionals according to their individual needs.

Each person had a care and support plan which gave details about how needs would be met. However, these plans were not always easy to find up to date information in. This meant staff may not always have easy access to the information they required to effectively support people. This was an area for improvement which had already been identified by the provider.

People received their medicines in a safe way, as prescribed for them. However, we identified some areas for improvement.

Right Culture:
People lived in a home where the provider had taken action to address shortfalls in the service to promote people's wellbeing. Additional management support had been put in place to drive improvements and support people and staff.

People were cared for by staff who were positive and enthusiastic about making improvements to the service provided. Staff morale was good which created a happy environment for people to live in.

The management arrangements at the time of the inspection ensured that shortfalls in the care provided were being identified and addressed.

People were cared for by staff who felt supported by the current management arrangements. Staff were receiving additional training to make sure their practice was in line with up-to-date best practice guidelines and legislation.

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 (report published 7 January 2022)

At our last inspection we recommended that the provider reviewed their risk assessments to ensure they were robust and helped to maintain people's safety. At this inspection we found improvements had been made and risk assessments gave information about actions taken to minimise risks.

Why we inspected
The inspection was prompted in part due to concerns received about staffing and staff skills. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and effective sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has not changed from good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wey House Nursing 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?

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Wey House Nursing 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 2 adult social care inspectors and a medicines inspector.

Service and service type
Wey House Nursing 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. Wey House Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. However, they were not working at the home at the time of the inspection. The provider had made suitable management arrangements to cover their absence.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We looked at the information we had received from, and about the home. This included information provided by other healthcare professionals.

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 used all this information to plan our inspection.

During the inspection
We spoke with 6 people who lived at the home and 2 visitors. We also spoke with 13 members of staff and representatives of the provider. The operations manager was available throughout the inspection.

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 looked at a variety of records relating to people's individual care and the running of the home. These included 5 care and support plans, a sample of medicines administration records, 2 staff recruitment files, a selection of health and safety records and minutes of meetings. The operations manager supplied us with copies of action plans by email.

Good

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. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection we found that risk assessments were not always well written and did not identify the level of risk or the control measures in place. We recommended that the provider reviewed all individual risk assessments to make sure they were robust and meaningful. At this inspection we found improvements had been made.

- People received their care and support safely because staff completed risk assessments and there was information about how risks would be minimised.
- People received care in accordance with their risk assessments. For example, 1 person had a risk assessment regarding bedrails. We saw rails had been fitted in accordance with the risk assessment.
- People lived in a building where there were regular health and safety checks. This included weekly checks on fire detecting equipment and regular checks on hot water temperatures.

Systems and processes to safeguard people from the risk of abuse
- The provider had policies and procedures to safeguard people from the risk of abuse. Staff knew how to recognise and report concerns about abuse. All staff told us they were confident that if issues were raised, they would be taken seriously and fully investigated.
- People told us they felt safe at the home. One person said, "Staff are kind to me. I do feel safe." People who were unable to verbalise their views looked comfortable and relaxed with the staff who supported them.
- Where concerns had been raised the provider had worked with relevant agencies to ensure full investigations were carried out.

Staffing and recruitment
- Some concerns were expressed to us before the inspection about the home not always having a registered nurse on site. We explored this with staff and found these had been isolated incidents where registered nurses had cancelled at the last minute. There had been no negative impact on people's care. The operations manager informed us they aimed to have 2 registered nurses on shift through the day and 1 overnight.
- On the day of the inspection people were cared for by sufficient staff to meet their needs. There had been issues with recruiting new staff and there was a high reliance on agency staff. People expressed mixed views about staffing levels. One person said, "Sometimes when you ring the bell you have to wait because there's not enough staff." Another person told us, "Staffing seems OK. Always someone when you need them."
- The provider used regular agency staff. This helped to provide consistency for people.

● People were cared for by staff who had been safely recruited. The provider carried out checks and sought references for prospective staff to make sure they were suitable to work at the home.

Using medicines safely

● People received their medicines safely, in the way prescribed for them. This included the application of creams or other external products. If there had been changes to people's medicines, this was clearly recorded, and signed and checked by 2 staff.

● Risk assessments and personalised protocols for 'when required' medicines were available to guide staff as to when these would be needed.

● If medicines were given covertly, then there were suitable checks and records in place to ensure this was done safely, and only when appropriate and in people's best interest.

● Lists were kept of people's current medicines. However, these were not always amended when people's medicines had been changed.

●There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security. Medicines were stored at suitable temperatures. However, the maximum and minimum range was not recorded. This would provide extra assurance that the temperature range remained suitable at all times.

● Regular medicines audits were completed, and areas for improvement had been identified and actions recorded. There were systems in place to report and investigate any errors or incidents, to try to prevent them reoccurring.

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 supporting people living at the service to minimise the spread of infection.

● 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 responding effectively to risks and signs of infection.

● 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

● People were able to have private and professional visitors at any time.

Learning lessons when things go wrong

● Concerns had been raised about standards of care, but representatives of the provider were now more present in the home. This was enabling them to highlight areas which needed improvement, learn lessons and take positive action.

● Lessons learnt from incidents were communicated to the staff team and also shared across the provider group.

Good

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 good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who had not always received adequate training. One member of staff said they had not undertaken any induction training despite having never worked in care previously. Another member of staff said they had not received appropriate support to carry out their role. The provider was taking action to address this. At the time of the inspection a trainer was on site to make sure all staff had the training required to carry out their role.
- New staff had opportunities to shadow more experienced staff when they began work at the home. This enabled them to get to know people and how they liked to be cared for.
- Although staff had not all received high levels of appropriate training, people felt staff were competent. One person told us they had confidence in staff who supported them using a mechanical hoist. One person told us, "They [staff] know what they are doing."
- At the time of the inspection the provider had started to arrange training and competency checks for staff. One of the providers' clinical trainers was based at the home during the inspection to support staff to up-date their skills.
- Staff were very enthusiastic about training being provided. One member of staff said, "I like the face-to-face training. It makes more sense to me." Another staff member said, "The training we have started to get is really good. It's been a long time coming, it's great."
- Care staff had opportunities to undertake training to gain professional qualifications and undertake some clinical tasks.

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

- People had their needs assessed to make sure the home was the right place for them.
- Care plans were created from assessments of need. Care plans gave information about people's needs and preferences. We found care plans were bulky, and some information was contradictory. For example, part of one person's care plan said they needed to be checked every half hour throughout the night. Another part of the care plan stated they needed to be checked every hour during the night.
- The home provided nursing care to people with complex needs. However, we found information about how their health needs would be met was not always prominent in care plans. This meant staff, including agency staff, may not have easy access to the information they required to support people effectively with their healthcare needs. We discussed this with the operations manager who had already identified support plans as an area for improvement.
- Staff used recognised tools to assess specific areas of need. These included assessments regarding skin care and nutrition.

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

● Some areas of the home looked tired and would benefit from re decoration. The operations manager acknowledged some parts of the home needed attention and gave assurances that there would be a 5 year plan of ongoing decoration.

● People lived in an older style building which had been adapted to meet their needs. People had single rooms which they could personalise to their own tastes and needs.

● People had access to outside space and people said they enjoyed spending time outside in good weather. One person said, "We have barbeques in the garden." Another person told us, "Staff help me to go for a walk outside. I enjoy being in the fresh air."

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

● People received the support they required to eat and drink. At mealtimes we saw people were assisted by staff in a calm and unhurried way. Some people were provided with specialist cutlery to enable them to maintain their independence.

● People were happy with the food provided at the home. One person said, "Food here is lovely."

● People had their nutritional needs assessed and some people had been assessed by speech and language therapists to ensure they had an appropriate diet. Where people were assessed as needing their food served at a specific consistency, such as pureed, we saw this was provided.

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

● Registered nurses and senior staff monitored people's health to make sure they received the care and treatment they required. Registered nurses were supported by the provider's clinical lead to ensure their skills and knowledge were up to date.

● Staff had a weekly liaison call with a representative from a GP surgery. This enabled them to discuss any health issues and seek advice. Staff said doctors attended the home to see people with more urgent healthcare issues.

● People had access to healthcare professionals according to their individual needs. This included chiropodists, speech and language therapists, dentists and doctors. Staff supported people to attend appointments outside the home where necessary.

● Activity staff supported people to take part in healthy activities to promote their wellbeing. One person told us staff had in the past helped them to go to a gym. Staff said they were hoping to access a hydrotherapy pool at another service owned by the same provider. During the inspection we saw people taking part in a session which encouraged some light exercise.

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.

- The provider had made appropriate applications for people to be deprived of their liberty where they needed this level of protection to keep them safe. Some authorisations had been granted.
- Where conditions were placed on people's authorisations the provider was working towards meeting these.
- Where people had capacity to consent to care and treatment they were always asked for their consent. We saw staff asking people if they wished to be supported with care or activities. Their decisions were respected.
- There had been some concerns regarding staff understanding of the MCA. In response to these concerns the provider had carried out a survey with all staff. This would enable them to assess staff competency and plan further appropriate training.
- Care and support plans showed people's capacity to make specific decisions had been assessed. Best interests decisions were recorded where people were assessed as not having the capacity to make a decision.

Requires Improvement

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 good. At this inspection the rating has changed to 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

- People lived in a home where there had been changes in the management team which had led to some people and staff feeling unsettled. There was a registered manager in post, but they were not working at the home at the time of the inspection. One visitor told us, "We need consistent management."
- At the time of the inspection no member of the management team had a clinical qualification which had led to a lack of onsite clinical oversight over the past year. However, the provider had recently taken action to address this. A new clinical lead for the home had been appointed and was due to start work shortly.
- The provider's quality assurance and monitoring systems had not always been effective in identifying shortfalls. A new operations manager had been assigned to the home. They had identified areas for improvement and was working to make changes. There were action plans in place to ensure ongoing improvements. Changes and action plans had not been in place long enough for us to be assured these would lead to permanent improvements.
- Audits carried out by the operations manager had identified areas of concerns such as care plans, environment and training. Action was being taken to address these promptly. For example, at the time of the inspection a trainer was on site carrying out training and competency checks with staff. One member of staff commented, "The training I have just had was brilliant. Best training I've ever had."

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

- People lived in a home where the provider and staff acknowledged that care provided had not been delivered to the high standards they would like. However, all were committed to making the changes needed and felt that standards had already improved. One member of staff said, "Standards of care have not been brilliant, but they are getting better." Another staff told us, "I can see improvements, changes are all for the better."
- The provider was open and honest about shortfalls at the home. They were being pro-active to ensure improvements were made.
- Staff told us staff morale had improved significantly in recent months. This resulted in a more pleasant atmosphere for people to live in. One person commented, "You can have a good laugh with staff. They seem happy at the moment."
- At the time of the inspection people were receiving person centred care. We saw people were able to make choices about their day to day lives and staff respected their choices.

● People looked relaxed and 'at home' in their environment. One person commented, "It's a comfortable place to live and mostly I feel at home."
● Staff aimed to provide an inclusive and empowering culture which respected each person as an individual. Staff spoken with had a good knowledge and understanding of people's needs and preferences. One member of staff said, "We encourage choice and want to make people as independent as possible."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People lived in a home where the provider was working in partnership with other agencies to make sure continuous improvements were made.
● There were meetings for staff to make sure they were kept up to date with any changes. There were also handover meetings each day to ensure staff had the information they required to provide safe and effective care to people.
● People and/or their representatives were involved in decisions about their care and support. One person told us, "They sometimes do a care plan with me." Another person told us they had discussions with the operations manager about their wishes for the future.
● Staff told us some people were unable to access community facilities because they did not have suitable equipment to use the transport available. We fed this back to the operations manager who gave assurances this would be addressed promptly to make sure everyone had opportunities to go out.