

Welland House Care Centre Limited

Welland House Care Centre

Inspection report

Lime Grove
Welland
Malvern
Worcestershire
WR13 6LY

Tel: 01684310840

Date of inspection visit:
05 January 2016

Date of publication:
28 January 2016

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

This inspection took place on 5 January 2016 and was unannounced.

The provider of Welland House Care Centre is registered to provide accommodation and nursing care for up to 51 people. At the time of this inspection 49 people lived at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home. Staff understood their responsibilities to identify and report potential harm and abuse and knew who to contact if they had any concerns for people's well-being. The registered manager and provider regularly reviewed accidents and incidents to see if there were ways to reduce the possibility of people being harmed. Staff knew the risks to people's well-being and health, and worked with external organisations so people would receive the right care.

People, relatives and staff said there were enough staff to care for people in a safe way and to meet their care needs. The registered manager told us they were supported by the provider so there were enough staff available as people's care needs changed. The registered manager had undertaken checks on the suitability of people who worked at the home, so people's safety was promoted. People were able to make choices about how they received their medicines. Staff who administered people's medicines had received training and checks were undertaken so the registered manager could be sure people were receiving their medicines in a safe way.

Staff had received a wide range of training and support to develop their skills and knowledge, so they could provide care which met people's needs. The registered manager had put processes in place so staff undertook an induction programme and were able to work with the support of more experienced staff. Staff showed a good understanding of the principles of the Mental Capacity Act, (2005) and applied their knowledge so people's rights were protected. The registered manager had followed the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) where this was needed for people's safety.

People were able to make choices about the food and drink they had. Staff knew what people's individual dietary requirements were, and staff checked that people were eating and drinking enough so they would remain well. Staff also successfully used the opportunities provided by mealtimes as a way of increasing people's physical independence.

People were cared for by staff who they described as caring and kind. Staff knew about people's individual life histories and their preferences. Staff spent time chatting to people about things which interested them,

and supported people to do things they enjoyed. Staff respected people's dignity and privacy and made people's visitor's feel welcome at the home.

People and their relatives knew how to raise any concerns or complaints. The registered manager responded to people's complaints and took action to improve the service as a result of complaints. The registered manager also used other ways to obtain feedback from people living at the home, so the care they received could be developed further. Where people had made suggestions these had been actioned.

The registered manager and the provider had developed systems to monitor the quality of the service people received. There was evidence of learning from checks and audits, and we saw action plans were developed where suggestions for improving the service further had been identified. This was done so that people would benefit from living in a home where staff constantly sought to improve the care people received.

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.

People were cared for by staff who had the knowledge and skills to protect them from harm. There were enough staff to keep people safe and meet their care and safety needs. People received medicines in safe way. Where people were unable to make decisions about their medicines staff followed the correct legal process, so the people's rights were respected.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew their individual risks and how to look after them. People received care they had agreed to, and staff encouraged people to make decisions about their care. People were supported by staff to eat and drink enough to remain well. People had access to health services and their well-being was maintained.

Is the service caring?

Good ●

The service was caring.

Staff took time to talk with people about things which were important to them. People's preferences about how care was delivered were listened to and followed. People's need for privacy was recognised, their dignity maintained and people were treated with respect. People were supported to maintain links with their families.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives were encouraged to develop and review their care plans so care met people's individual needs. People's suggestions and concerns were listened to and the provider took action when any concerns had been identified or suggestions made.

Is the service well-led?

Good 

The service was well-led.

Checks on the quality of care were regularly undertaken by the registered manager and provider, so people benefited from a consistent approach to care. Changes were introduced by the registered manager and provider to further improve the service, so people benefited from living in a well-led home.

Welland House Care Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 5 January 2016. The inspection team consisted of one inspector and an 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We checked the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and any incidents of potential abuse. A notification is information about important events which the provider is required to send us by law.

We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We undertook a Short Observation Framework for Inspection (SOFI) during the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not speak directly with us. We also spent time in the communal areas of the home to see how staff provided care for people.

We spoke with eleven people who lived at the home, four relatives who were visiting at the time of our inspection and one relative following our inspection. We also spoke with the registered manager and two senior staff and five members of care staff.

We looked at a range of documents and written records. These included three people's care records and people's medicine records, two staff recruitment files, and training and induction records. We also looked at the information about the arrangements for managing complaints and keeping people safe. We also saw records which showed us how the registered manager and provider monitored the quality of the service provided within the home.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe at the home. One person told us, "I am safe." Every relative we spoke with told us they felt their family members were safe. One relative told us, "I never have concerns about the safety of our relative." The relative told us this was because of the way staff cared for their family member. Another relative explained how staff had discussed their family member's risk of falls, and how they had agreed ways of caring for their family member with staff, so they would remain safe.

We spoke with staff about how they kept people safe. All the staff members we spoke with told us it was important to know what risk affected people. One staff member explained they checked people's care plans and risk assessments so they knew how to care for people in the best way for them. This staff member told us, "Things can change quickly, especially if a person is ill." This staff member said it was important to make sure people had the right equipment so they could move safely. Another member of staff explained how they became aware of changes in people's well-being, over time. The staff member explained if they had any concerns for people's well-being, such as if a person was more anxious, they would discuss this with the nurse on shift. The member of staff explained they would also share information with other care staff so the person's safety and well-being would be promoted. Staff showed us they knew what to do if they had any concerns for people's safety. For example, two staff members told us if they had any concerns for people's safety they were able to talk these over with senior staff immediately and plans would be put in place to keep people safe. All the staff we spoke with knew what to do if they needed to report any concerns to other organisations, so people would be protected. One member of staff we spoke with told us if they had any concerns about senior staff practice they would also be able to report this on the provider's whistle-blowing helpline.

Two relatives we spoke with told us staff had asked about the risks to their family members' safety before they moved into the home. Staff told us this information helped them to decide with people and their families the best way to care for people and keep them safe from their first day at the home. One relative told us staff regularly assessed their family member's needs and this gave them confidence their family member was being cared for in the right way.

We saw staff considered people's physical and psychological safety needs. People's risk assessments and care plans were regularly reviewed, so staff knew how to promote people's safety. We saw staff considered people's individual risks when caring for them. For example, if a person required a particular type of nursing, staff were aware of this, and knew what processes to follow so the person and other people living at the home would remain well.

We saw checks were undertaken by the registered manager and provider before new staff started working at the home. The checks included obtaining two references and DBS clearance, (Disclosure and Barring Service), so the registered manager knew staff were suitable to work with people.

People told us there were enough staff available to care for them in a way which made them feel safe. Two people we spoke with told us, "I don't feel rushed at all." One relative said, "I think they need more permanent staff", however, we saw people had support from staff when they required it, and call bells were

answered promptly. The staff we spoke with said there was enough staff to care for people safely. We talked with the registered manager about the way they decided how many staff they needed. The registered manager told us staffing levels were based on information about the care needs of the people living at the home. The registered manager explained they had requested additional staff because of the layout of the home and the number of people requiring two staff to assist them. The registered manager explained how they adjusted the number of nurses and care workers on shift, depending on the health needs of people living at the home. The registered manager confirmed the provider had supported their decision to increase the number of staff providing care. At the time of the inspection, the registered manager was in the process of recruiting additional carers and an activities co-ordinator. The vacancies were currently being filled by agency staff who had worked with people at the home for some time, and by permanent staff providing cover. Agency staff received induction training before they worked with people. In this way, people were supported by staff who knew their safety needs.

People told us staff understood they liked to take their medication in different ways. One person told us, "(Staff) only fetch the medicine for me, I take it myself". Other people told us staff gave them their medication, and staff did this regularly. Staff had a good understanding of the medicines needed to keep people healthy and safe. Staff told us all staff administering medication were required to undertake training and complete competency checks, so people's safety in respect of medicines would be promoted. We saw staff offered people choices so they were able to take their medicines in the way they preferred. Staff kept clear records of medicines they had given to people, and knew what actions to take to protect people if there was an error with a person's medicine. Arrangements were in place so people's medicines were safely stored. Where people were unable to make decisions about their medicines staff followed the correct legal process, so the people's rights were respected.

Is the service effective?

Our findings

People we spoke with told us staff had the skills and training to support them in the way they liked. One person we spoke with told us, "They know what they're doing. I think they do get training." Another person we spoke with confirmed staff had on-going training, so their care needs were met. One person told us the staff, "Are good at their jobs." One relative we spoke with told us staff had the right skills to help their family member, and said this meant their family member was well looked after. All the staff we spoke with told us they received regular training, and gave examples of training they had recently undertaken. One member of staff told us they had received training recently so they could support people with their physical health needs. A senior staff member told us they had undertaken training delivered by a local hospice, so they could be sure they were caring for people in the best way when people were at their end of their life. We saw the registered manager had processes in place to check staff had undertaken appropriate training and staff competency to care for people was checked regularly.

Arrangements had been made to make sure staff received induction training, so people would receive care from staff who had the knowledge and skills to care for people in the best way. Staff told us they had the opportunity to talk about any training they required as part of their regular one to one and group discussions with their line managers. One staff member we spoke with told us they were encouraged to reflect on their own practice as part of their one-to-one meetings. Two other staff member we spoke with told us they could check anything they needed to with senior staff at any time, so they could be sure people were getting the right care.

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.

We checked whether the service was working within the principles of the MCA.

The provider was following the requirements in the DoLS. At the time of our inspection the provider had submitted both standard and urgent applications to a 'Supervisory Body'. The applications had been authorised and the staff were complying with these. Staff were knowledgeable about the requirements of DoLS and the Mental Capacity Act and staff had received training to support them in understanding their responsibilities. Staff described to us how authorisations by the supervisory body were discussed at regular meetings, so people would receive appropriate care and have their rights respected.

We spoke with people about the care they received to make sure they had enough to eat and drink. People told us they were able to make choices about what to eat and drink. One person told us, "The food is very

good." One relative we spoke with told us their family member was, "Eating well, and has put on weight recently." The relative told us staff had encouraged their family member to use a knife and fork, and this had increased their family member's enjoyment and independence at mealtimes. Staff told us how they worked with dieticians to make sure people had enough to eat and remained well. One member of staff told us how people who required special diets, such as foods suitable for people with diabetes, were supported so they remained well. Staff we spoke with were also aware of the impact of changes in people's well-being on their eating and drinking. For example, one staff member explained how important it was people had access to additional fluids if they were unwell. Another staff member told us how following a stroke, one person was gradually having food re-introduced. The increased independence meant it was now possible to consider if the person could return to their own home. We saw people had access to snacks and drinks throughout our inspection. Records we checked showed us staff monitored how much people ate and drank. One record we saw showed how staff had worked with one person so they achieved a planned increase in their weight. As a result of this increase the person's health had improved and they no longer needed to take food supplements to remain in good health.

People told us staff supported them to get in touch with health professionals when needed. One person told us they were waiting for a replacement specialist hearing aid. We saw staff had supported the person to progress this. Relatives we spoke with told us staff promptly let them know if their family member was not well. One relative we spoke with told us, "When [Person's name] health worsened, the doctor came round I was consulted and kept informed." Staff told us if they had any concerns for people's health they were able to obtain advice immediately from the nurse at the home. Two staff we spoke with told us how they shared information across the whole of the staff team if someone was not well, and plans were put in place to support the person to regain their health. A member of senior staff explained that in addition to regular GP and district nurse visits, people had access to support from other health professionals. We saw this was the case, and staff had supported people to access health support from physiotherapists, podiatrists and mental health specialists, so they would remain well.

Is the service caring?

Our findings

Every person we spoke with told us staff were caring towards them. One person told us, "The carers are very good", and another person said, "I think they're very kind." People told us they felt "listened to" by staff. People told us they were happy to ask staff for help when they needed it. Relatives also told us their family members were treated with kindness. One relative told us how staff had made their family member feel valued, as they gave them birthday cards, and got to know their history and preferences. Another relative said staff, "Have a good rapport with [Person's name]." Staff spoke warmly about people and knew people's preferences and needs. Staff told us they got to know people by chatting to them and their relatives, so they could find out what was important to them. One staff member told us how important it was to get to know people, and said, "You make time to talk to people, so you can give them the nicest possible day, and you listen to them." Another staff member told us about the "history book" which was developed with people and their relatives. The staff member explained, "It means you can have the personal touch, you can talk to them about their families and people are less anxious." The records we saw confirmed staff had taken time to get to know about people's preferences and what was important to them, so staff would have the knowledge to support people in a caring way. One staff member told us how they had been supported by staff who knew people well when they first started working at the home. In this way, the newer staff member had the opportunity to chat to people before they were responsible for giving care to them. The staff member told us this meant they had been given time to chat to people and find out about them so they could care for them in the way people preferred.

We saw staff took time to chat with people throughout our inspection. Staff also talked to people about things they enjoyed doing, so they did not become isolated. Staff took time explain to people how they were going to care for them, and frequently checked if people needed help. For example, staff checked to see if people wanted a drink or needed personal care. We also saw staff support a person to change position in their chair. We saw staff explained each stage of the process to the person in a way they could understand. Staff looked for the person's agreement at each stage, and provided encouragement to the person. Staff gave the person reassurance throughout the re-positioning, so they would be less anxious. We saw several examples of times when staff worked with people to provide care in the way the person wanted. Staff always offered people choices, and listened for their response, so people got the care they wanted in the way they preferred it. Staff showed empathy when talking to people and called people by their names. We saw people smiled when staff talked to them. The registered manager also chatted to people, and asked people about their experience of living at the home, for example, how they had enjoyed their lunch.

People told us they were involved in decisions about their daily care, and were encouraged to express their opinions and say what care they wanted. For example, people chose what time they wanted to get up, and what they wanted to do each day. When we asked one person about the food choices they made, they told us, "I can have anything I want." One staff member told us how they encouraged one person to choose what clothes they wanted to wear. The staff member explained sometimes assistance was required for this person so they did not become confused and anxious by the number of choices available. Another staff member explained how they encouraged people to be involved in activities, but respected it was the person's decision to make. One staff member explained how well they had got to know people at the home,

and how this helped them to interpret what choices people made.

Staff treated people with dignity and respect. One person told us staff, "Care for me with respect and dignity." Another person told us there were some things they could do for themselves, and staff respected this. One person told us they felt respected because staff always asked what they wanted. A relative we spoke with told us how staff made sure their family member was supported in ways which promoted their dignity. This included staff making sure their family member had the right aids so their dignity would be promoted. For example, we saw staff were discreet when they offered to assist people with personal care. Relatives told us staff made them feel welcome when they visited their family members, and they could visit at any time. We saw staff spoke with people in a respectful way, and maintained people's dignity.

Is the service responsive?

Our findings

All the people we spoke with told us staff talked to them so they knew what care they needed and how they liked their care to be given. One person we spoke with told us staff, "Give me the care that I need, I have no complaints." Another person told us staff, "Know where and when I need support". Some people we spoke with knew about their care plans. Other people were not able to tell us about their care plans, but knew staff recorded what care they received. Relatives told us staff involved them in their family members care. One relative told us how staff had asked about their family member's risks and life history before they came to live at the home. Another relative told us they had been involved in deciding how their relative's care should be given, and told us staff were able to respond to changes in their family member's well-being as staff, "Do a lot of assessments". This reassured the relative staff knew what their family member's needs were. The relative told us they were confident staff took action so their family member received the care they needed. Staff told us how they involved people in decisions about their care. One member of staff told us, "Assessments help us to build up a picture of people and enables us to care for them so much better. It's what they deserve." Another staff member told us how they sat with people and explained their care plan to them. This member of staff said, "It's their care plan, they need to have the chance to have it explained so they can comment on it." Staff recognised it was important to get the views of advocates and relatives where people did not have the capacity to make some decisions themselves. We saw staff had involved people's relatives in assessments and care planning reviews.

Relatives told us staff provided the care their family members needed and they felt staff listened and took action when they made suggestions about their family members' care. One relative explained how staff had positively responded to suggestions they had made about encouraging their family member to use different areas in the home. The relative told us this had resulted in their family member being more settled and less anxious. The relative also told us how their family member's hand co-ordination had improved, because of the way staff encouraged their family member to regain their independence. All the relatives we spoke with told us communication with the staff was good. One relative told us this meant they could be involved in decisions about how care was delivered to their family members. For example, one relative we spoke with told us staff let them know if their family member was anxious or unwell. The relative told us being up to date with how their family member was meant they could work with staff and be involved in plans about how to care for their family member in the best way.

Staff gave us examples of how they made sure people's individual care needs were met. Staff told us senior staff had sought advice from a sensory specialist, when someone with sensory needs first came to live at the home. One staff member told us as a result of the training they received to support this person, the person was less isolated, as a wide range of staff were able to meet their communication support needs. Another member of staff told us about some of the changes which had been introduced after staff had worked with an organisation which specialised in supporting people with dementia. The staff member told us how they had used the knowledge they had gained to assist people with dementia to understand the layout of the home. The staff member told us, "This has made a difference as people can locate their rooms, and they get less anxious."

Staff recognised some people enjoyed socialising with other people in the home and doing things they enjoyed together, such as arm chair keep fit. We saw a lot of people smiling and enjoying this during our inspection. However, staff also recognised some people preferred doing things they enjoyed on their own. One staff member we spoke with explained how they made sure people were supported to do the things they enjoyed on their own if they preferred. This staff member told us they were encouraged to spend time with people when they were too ill to leave their rooms, so they did not become isolated.

None of the people we spoke with had needed to make a complaint about their care. One person told us, "I know how to complain but never had reason to." We saw people had been provided with information on how to make a complaint and staff knew how to support people and their relatives to make complaints. The registered manager had systems in place to resolve any complaints or concerns people and relatives had. We saw where complaints had been made these had been responded to positively by the registered manager, so lessons would be learnt and action was taken.

People told us they were comfortable to provide feedback to staff on how they felt about the care they received. We saw that as well as involving people in day to day decisions about their care, staff sought people's feedback on the quality of the service through residents' meetings. For example, staff had asked people about menus and food choices. We saw staff had listened to people's comments and further choices had been introduced in response to people's suggestions.

Is the service well-led?

Our findings

We asked people to tell us about the way the home was run. People were positive about the way the home was managed. One person told us, "I would recommend this place". Another person said, "I can't fault it". A third person told us the way the home was managed was, "Very good." One relative we spoke with told us, "It's managed very well". We spoke with one relative said they felt supported when they contacted the registered manager to discuss their relative's care needs. Another relative told us they were not sure who the manager was, but felt staff were approachable.

People told us they were encouraged to make suggestions about how the home was run, and let us know about the questionnaires they completed and residents' meetings they attended. Staff told us about some of the changes which had been introduced as a result of feedback from people. This included relocating information so people could see it more easily. This gave people and their relatives reassurance about which staff were on shift and what opportunities were available for people to do things they enjoyed. Staff also told us about changes which had been introduced to menus as a result of feedback from people living at the home. The registered manager explained how they involved people's relatives in life at the home. This included inviting relatives to menu taster events, and trying different ways to work with relatives, so they had the opportunity to take part in decisions about their family member's care, if they were not able to attend care plan review meetings. We saw there was a "comments box" so people could make suggestions about ways to improve the home at any time.

Staff said if they had any concerns for people's well-being they could discuss these immediately with senior staff or the registered manager. Staff told us they were encouraged to make suggestions about developing the care people received at regular staff meetings and during their one-to-one meetings with their line managers. Staff gave us examples of where suggestions they had made had been taken on board. This included developing staff training further, so people would continue to receive the right care as their needs changed. All the staff we spoke with told us they felt supported by the registered manager. One staff member told us about changes which were being introduced in the way medicines were given to people. The staff member said they felt able to discuss any concerns they had with the registered manager as the process changed. The staff member was confident the registered manager would listen to suggestions and take action if any problems were identified. Staff also told us about the positive work the registered manager had undertaken with external agencies, such as local health providers, dementia and sensory specialists. One staff member told us this had meant people benefitted from good access to health care, and improved people's well-being.

The registered manager told us about the monthly checks they did so they could take action to protect people and improve the service. We saw the registered manager looked at the number and type of incidents and injuries, complaints and how staff kept people safe. The registered manager undertook these checks so they could consider if the way care was given needed to be changed. With support from senior staff, the registered manager also checked people had the right medicines, equipment and that building was well maintained. Checks were also made to make sure staff had the right training to care for people in safe and effective ways. We saw where other organisations had made suggestions for developing the home further

the registered manager developed action plans, and took action so people would benefit from improved care.

The registered manager told us they felt supported by the provider, who came out to check on the quality of care at the home regularly, so they could be assured people were receiving good quality care. The registered manager told us the provider had responded positively to requests for additional resources to improve the décor of the home so people would continue to enjoy living there.