St Philips Care Limited

Welbourn Manor Care Centre

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?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Welbourn Manor Care Centre on 26 April 2017. Our inspection was unannounced. The home provides care and support for up to 31 people, some of whom may experience memory loss associated with conditions such as dementia. When we undertook our inspection there were 20 people living at the home.

The home was run by a company who was the registered provider. 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. In this report when we speak both about the company and the registered manager we refer to them as being, 'The registered persons'.

At the last inspection we carried out the home was rated 'Good'.

At this inspection we saw that the registered manager had made our last inspection report available for people who lived in the home and visitors to see and read. We also found the provider had ensured their website contained the current rating for the home.

During this inspection we found some areas in which improvement was needed to ensure people were provided with care that was safe, effective, responsive and well-led and that the provider's regulatory responsibilities were being met in full.

This was because the registered provider had not ensured the arrangements for the safety, and maintenance of the building were consistently being planned for and managed.

Care staff had not received all of the training they needed to ensure they could meet people's needs in an effective way.

People were supported to make decisions for themselves. However, when people needed additional help to make specific decisions about how care was provided, the detail about which decisions had been made and by whom had not been fully reflected in the care records. In addition, care plan reviews did not give clear enough information about the effectiveness of the care being provided, who had been involved in the reviews or any actions planned or taken after reviews had been completed.

The provider's quality assurance and audit systems were also not reliably or consistently managed so as to enable them to quickly identify and resolve shortfalls in the services provided for people.

In other areas, the registered persons were meeting people's needs effectively.

People were supported by staff who knew how to recognise abuse and how to respond to concerns. Risks in

relation to people's daily life were assessed and planned for to protect them from harm.

People were supported by enough staff to ensure they received care and support at the times they needed it. Medicines were managed safely and people received their medicines as prescribed.

People were supported to maintain their nutrition and staff were monitoring and responding to people's health conditions.

People's emotional needs were recognised and responded to by a staff team who cared about the individuals they were supporting. People were able to enjoy a social life and to develop and maintain their interests.

People were invited to give their views on how the service was run.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Arrangements in place for maintenance of the home were not being robustly managed.

Staff knew how to keep people safe from harm.

The provider had taken steps to protect people from staff who may not be fit and safe to support them.

There were enough staff to provide the care and support people needed.

People received their medicines as prescribed and medicines were managed safely.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff had not received all of the training and support the registered persons had identified staff needed.

People were supported to make decisions for themselves. However, when people needed additional support there was a risk people's legal rights may not be protected due to shortfalls in care records.

People were helped to maintain their levels of nutrition and their health was monitored and responded to appropriately.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

People's right to privacy was respected and staff promoted people's dignity.

Confidential information was kept private.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People and their relatives had not always been fully consulted about how they wanted their care to be provided and care plans did not always reflect the consistent delivery of care.

People had their care needs met and were supported to pursue a range of meaningful individual and group activities and to maintain their individual interests.

People were supported to raise issues or concerns they had and the provider, manager and staff knew what to do if they received more formal complaints.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The registered persons' quality checks had not consistently identified and resolved shortfalls in the care and facilities provided in the service.

There was an established registered manager at the home who had a visible presence, was approachable and who promoted good team working.

People were involved in giving their views on how the home was run.

Welbourn Manor 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 home, and to provide a rating for the home under the Care Act 2014.

We inspected the home on 26 April 2017. The inspection was unannounced and the inspection team consisted of a single inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the registered persons to give some key information about the home, what the home does well and improvements they plan to make. In addition, we reviewed the information we held about the home. This included information that had been sent to us by other organisations and agencies such as the local authority who commissioned services from the registered persons and the local authority safeguarding team We also reviewed notifications of incidents that the registered persons had sent us since they had been registered with us. These are events that happened in the home that the registered persons are required to tell us about.

During our inspection we spoke with eight people who lived at the home and two relatives who visited. In addition we spoke with three care staff, the activities co-ordinator, the cook, a visiting social care professional, the registered manager and the deputy manager. We also spoke with the provider's operations manager and estates manager by telephone.

We looked at the care records of three people who used the service, medicines records of three people, staff training records the provider's staff recruitment processes, as well as a range of records relating to the running of the home including audits carried out by the registered manager and registered persons.

We also spent some of our inspection time observing how staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care and because some people, for example those who lived with dementia and were unable to tell us about their experience direct.

Requires Improvement

Is the service safe?

Our findings

People we spoke with said that they felt safe living in the home. One person told us they felt, "Very safe here. I think there is always someone around to make sure I am safe." Another person commented that, "When I use my call bell the staff are quick to get to me, which helps me feel safer."

However, although people had told us they felt safe, we found that further steps needed to be taken to ensure people would be fully protected from issues related to the safety of the premises. For example, Before our inspection visit the registered manager had appropriately reported to us that the home's lift had broken down and had been awaiting repair. The registered manager had previously reported to us about problems with the lift and that this has repeatedly broken down. The registered persons had responded by replacing the lift mechanism but this had not resolved the issue and there had been continued problems with it working consistently. When we undertook our inspection we found it had still not been repaired and people who lived upstairs in the home could not gain easy access to the ground floor. Equipment had been issued to the home by the registered persons to help staff support people to access the ground floor when they wanted to. However, people we spoke with told us they didn't feel confident using the equipment and one person said, "It's getting me down now. I want to get downstairs and have a better quality of life. I know if I had to I could get the help to do it but its too much trouble." A relative said, "The manager and staff are doing what they can but its very frustrating. We want to see things back to normal but I don't know when this will be."

We were concerned that the registered persons had not been able to find a solution to the issues related to the lift and during our inspection we contacted the registered persons estates manager to discuss our concerns. They told us they were due to undertake a full and final repair in the near future. As part of our discussion they agreed to immediately review the arrangements for access between floors at the home. Following our inspection visit we were informed the lift had been fully repaired and in addition the provider had now installed a stair lift so people could gain access to any part of the home even if the lift broke down again.

During our inspection we also noted there was a consistent sewage smell in one of the main communal lounges which people said they did not like and which they said occurred regularly. One person said, "I think it's the drain pipes." We spoke with the registered manager who confirmed there had been some on-going issues related to the drains which were being responded to by the homes maintenance staff. They said they had been regularly flushing the drains in an attempt to reduce the smell. We spoke with the registered persons estates manager again by telephone who agreed to carry out an immediate review of the drainage system and report their findings and actions to us. After we completed our inspection visit the registered manager informed us that a repair had been carried out and that the smell was no longer evident.

We also noted that a lock on one of the communal toilets was not working properly and that this could compromise people's privacy. We spoke with the registered manager who took immediate action to ensure the lock was repaired.

Some of the radiators in people's rooms did not have covers fitted to protect people from the risks associated with hot surfaces. The registered manager told us the covers had been requested and were on a purchase order with the provider. However, there was no confirmation date for when these would be fitted. The registered manager confirmed they would chase this up with the provider.

We observed staff were careful to ensure people were protected from the risks related to cross infection. For example, staff wore protective gloves and aprons when they carried out personal care tasks. Care staff told us they had a ready supply of these they could access and understood how to reduce the risks associated with cross infection. When we spoke with the registered manager they confirmed there was currently no infection control lead in place within the staff team to enable them to learn from and develop practice in line with any changes and updates regarding infection control. The registered manager said they would identify a lead for the role.

Records showed and staff we spoke with told us they had completed training and had received guidance in how to keep people safe from situations in which they might experience abuse. We found that care staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk, this included making contact with external agencies such as the local authority safeguarding team and the Care Quality Commission (CQC).

The provider told us before new staff were employed they had carried out checks to make sure staff were of good character, including criminal record checks, which were completed through the national Disclosure and Barring Service (DBS). These checks are in place to assist employers make safe recruitment decisions. We checked a sample of four staff recruitment records and found that these included all of the information needed to ensure safe staff recruitment was being maintained.

People had been protected from the risk of financial mistreatment. This was because people who needed help to manage their personal money were provided with the assistance they needed. Records showed that there was a clear account that described each occasion when senior staff had spent money on someone's behalf. This included paying for services such as seeing the hairdresser and chiropodist. In addition, when we checked a sample of three of the records we noted that there were receipts to support each purchase that had been made.

Care staff told us, and records showed that when accidents and incidents had occurred they had been recorded and checked by the registered manager so that steps could be taken to help prevent them from happening again. People's safety was also protected through the provider's checks on the equipment used by staff to provide safe care such as hoists, shower chairs and grab rails.

The registered manager confirmed they had systems in place to make sure people could evacuate the home in an emergency. These systems included including fire drills and alarm testing. The provider had a fire risk assessment in place and we saw personal evacuation plans were also available so all of the staff team would know the help each needed to have if they needed to leave the home quickly.

People, relatives care staff and the registered manager told us the home had a core group of established staff members and that they had a rolling recruitment programme in place to ensure any gaps in staffing could be recruited to. When there had been vacancies the registered manager confirmed they had not needed to use agency staff as the established staff team worked together to provide cover. The registered manager also told us that they had a small team of bank staff who could cover if and when this was needed. A staffing rota system was in place to show when care staff were scheduled to work and how many were needed to cover each shift. The information showed the numbers of staff allocated for each shift was in line

with what the registered provider had identified as needed to care for the people who lived at the home.

When we checked the arrangements for the storage and administration of medicines together with a senior staff member and saw that these were in line with good practice and national guidance. The registered manager and care staff told us that only staff with the necessary training could access medicines and help people to take them. Where people required medication at specific times the registered manager had systems and records in place to show how this support was given.

Requires Improvement

Is the service effective?

Our findings

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 we spoke with told us they could make their own decisions and choices about the things they wanted to do and the care they received. One person told us how they were planning to return home and that, "I am having some physio today and I am working on this so I can use my wheelchair and my scooter when I get home."

The registered manager told us that some of the people who lived in the home did not have mental capacity to make important decisions including those related to how the care and support they needed was given. Care records for those people who needed support with their decision making contained an assessment document to indicate that needed this type of support.

However, the records did not always contain enough detail to demonstrate that people or if appropriate, their circle of support had been involved in the process of determining their capacity to make decisions for themselves. Nor did they clarify how people communicated their decisions and choices and how staff should support them to do this.

In addition, the records gave only a broad indication of the person's capacity and the information did not fully reflect the type or range of specific decisions each person could or could not make for themselves. We saw an example of this in one care record which confirmed the person could make day to day choices was, "Supported by their family and staff with all important choices." However, there was no information to confirm which specific choices they needed help with. The record also stated the person liked to go outside in the grounds of the home but there was no indication that the person was able to make this decision or that they had the capacity to consider the risks associated with going outside on their own.

We discussed our concerns with the registered manager. They informed us that they had recognised the records needed to be improved and that together with the deputy manager they would be updating them to confirm how decisions had been reached. They also assured us the mental capacity information and best interest information for each person would be further updated to ensure it clearly demonstrated any specific decisions people could or could not make.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). At the time of this inspection, one person was being deprived of their liberty through an authorised DoLS and another person was awaiting the outcome of an application made by the registered manager for a DoLS authorisation. These arrangements

had been made to ensure that those people remained in the home so that they could safely receive the care they needed. By taking this action the registered manager had ensured that only lawful restrictions would be used that respected people's rights.

The registered manager confirmed they had aligned the induction for new care staff to the national Care Certificate which sets out common induction standards for social care staff. The registered manager showed us information which confirmed eight of the care staff team were in the process of completing the certificate.

The registered manager and deputy manager told us they provided informal and more formal support for staff through group discussions and quarterly supervision meetings. Staff we spoke with told us they regularly received feedback from the management team on how well they were performing and that they were able to discuss their development needs through supervision.

We noted that care staff knew how provide people with some of the care they needed. Examples of this included helping people with their mobility and their personal care. We also saw care staff helped people to remember to do things such as taking the medicines which had been prescribed for them at the time they were needed. Records also showed that staff had recently had the opportunity to receive training related to dementia and supporting people in a person centred way.

Staff we spoke with told us they felt the training they received was appropriate to support the people who used the service. However, although care staff had received a range of training which included some staff achieving nationally recognised vocational care qualifications, we were concerned about gaps in training related to specific care needs related to the people who lived in the home. These included; end of life care, diabetes, pressure ulcer prevention, challenging behaviour and continence care. We also saw that only one staff member had completed dignity training. When we raised this with the registered manager they told us they were reviewing the training needed for each staff member and would discuss the outstanding training needs with their area manager and ensure the appropriate training would be sourced for staff who needed this.

Care records we looked at included information such as food and fluid charts which were completed to include the amount of food and drink taken at each meal and any snacks taken in between, with dates, times and any special requirements. Positional charts were also being kept updated. However, the care record information was inconsistent in that information such as weight charts were being recorded in a separate folder and then transferred into the care plan. This made it difficult to locate the information.

People were supported to eat and drink enough to keep them healthy. We observed people had access to drinks and food at meal times and in between meals when they wanted to eat or drink. We spoke with people about the food and they told us they enjoyed the food choices available and that they always had enough to eat. At lunch time we spoke with a group of people who were having their lunch. They told us about the meal choices with one person saying "The food here is very good. If there are any choices I don't like the cook changes things. She knows my taste can vary from time to time and she keeps with me!" Another person added, "I like the meals here. They always taste fresh and homely."

People's nutritional needs were assessed and records related to the care plans we looked at showed their weight was checked regularly. When we spoke with the cook they showed us they had a planned menu which was changed seasonally and in line with any individual preferences or needs people had. For example, they showed us they had information to ensure one person who had chosen a non-carbohydrate diet had been supported to do this and that another person who needed to have a soft diet was receiving

their meals in the way they needed to be prepared.

The registered manager showed us how they had ensured people had the support of local health and social care services whenever this was necessary. From talking to people checking the professional visit records and looking at their care plans, we could see that their healthcare needs were monitored and supported through the involvement of a range of professionals including local doctors, district nurses and physiotherapists.

Good

Is the service caring?

Our findings

People we spoke with told us they were happy living at the home and that they felt staff were caring toward them. One person said, "It's a nice home to live in and I feel happy here. I don't think I need anything more than this because I am well cared for."

During our inspection we saw visitors coming and going and people spending time with staff and with each other in the home. When undertaking support and care tasks it was clear that care staff knew people well. They called each other by their first names and people were relaxed and comfortable with staff when they received the help they needed from them. A relative we spoke with told us, "I am impressed with the care. Staff are so caring. I can't give them a higher mark quite honestly."

People had opportunities to follow their religious beliefs. The activity co-ordinator told us how religious services were arranged for those who wished to attend them and one person was in regular contact with a local vicar who they kept in touch with individually to support them with their religious need.

People told us they were supported to make choices for example about how they spent their time and what activities they chose to do. One person said, "I get a daily paper. It's something I look forward to and the staff are kind enough to order it in for me."

We observed people's choices were respected on the day of our visit. We saw that meal options were discussed and were chosen in advance by people, with records showing that people could speak up if they wanted any short notice changes to be made. This meant that their views were respected.

At lunch time we saw that for people who lived downstairs and who could access the dining area it was a social occasion. Tables were set out neatly and condiments were available for people to use for themselves. We saw people made their own choices about how much salt and pepper they wanted and how large or small they wanted their lunch portion to be. During lunch people chose different drinks and changed their minds about some of the meals they had said they had chosen earlier. Some of the people who lived upstairs said they would have chosen to have their lunch downstairs but at the time of our inspection they could not access the area. However, they did confirm that care and kitchen staff had worked to ensure those people had the same access to their meal choices.

People had bedrooms which were personalised to people's individual tastes with their own pictures and ornaments and we saw that when people were receiving personal care staff maintained people's dignity by ensuring doors were closed. We also saw staff were mindful not to have discussions about people in front of other people so that peoples privacy would remain so and be fully respected.

We saw that the registered manager had ensured contact information was displayed and made available for people regarding local lay advocacy services. Lay advocates are independent both of the service and the local authority and can support people to make decisions and to communicate their wishes.

People's personal information was stored in the registered manager's main office and medication room. The registered manager told us these were both kept locked when not in use. They and the deputy manager also confirmed computer records were password protected to ensure they were secure. Staff demonstrated their understanding of the need to maintain people's personal information in a confidential manner when we spoke with them. They told us how they knew that this information should only be shared on a 'need to know' basis with those whom people had agreed to share their information with.

Care staff we spoke with were also aware of the importance of ensuring they did not disclose any information about the people they cared for when they were off work, including through the use of social media. We noted that the record for the last team meeting held included a reminder from the registered manager for all staff to be vigilant in respecting confidentiality when they were outside the workplace and care staff we spoke with said this had been a good reminder of the need to maintain this at all times.

Requires Improvement

Is the service responsive?

Our findings

We saw people's care needs were assessed prior to admission to check that they could be met. Care plans were then written to give care staff the information they needed to meet the needs of each individual. People we spoke with said that staff had consulted with them about the care they wanted to receive and had recorded the results in an individual care plan. One person said, "The staff checked things with me so I could tell them how I liked my care given."

Care records we looked at showed where people had consented to their care and information indicated the record information was checked and reviewed. People also told us that they understood the information about their care needs was kept under review. One person said, "I have a chat with staff to talk about my needs and if the care needs to change or if I have any issues. It's all sorted out for me."

However, the review records we looked at included minimal information and there was no detail to confirm who had been involved in the review or if the review outcome had been discussed with the person direct to check if they agreed with it. One record example we saw included, 'review completed no change.' We were concerned there was a risk that the review process would not quickly identify if any changes to care because there was no indication people had been involved in these.

We discussed this with the registered manager who assured us they would strengthen the information the review records contained to confirm this.

Following the outcome of a number of safeguarding concerns raised with them and which they had responded to, we found the registered manager had reflected on and had started to make changes to the way care records were being completed and updated. For example, they told us care staff had been reminded about the importance of keeping accurate care records and the need to fully involve other healthcare professionals quickly when additional support was needed.

We saw this work was progressing. For example, there was now a professional visitors book which showed visits from the local doctor, chiropodist, and physiotherapist had recently been completed. We also saw examples where a community nurse had visited to measure one person's legs for support stockings and that a community psychiatric nurse had visited to assist with an assessment for another person who needed support with their decision making.

Care staff said they were now more aware of the importance of completing and updating record charts when further support was required to help people maintain healthy skincare. However, the registered manager had found that when undertaking further checks on the consistency of completion of these records there had been gaps, particularly during the day when people needed help with some elements of their personal care. The registered manager told us how they would be taking further action to ensure all care staff were completing these records consistently so that they were kept updated and accurately reflected the levels of care and support being given to people.

At our last inspection we concluded that people needed to be offered more opportunities to engage in occupational and social activities. At this inspection we found that suitable steps had been taken to address our concerns. We spoke with the activity co-ordinator who showed us they planned activities which had been based on people's individual interests. They told us they had developed an understanding of what people wanted by completing 'life story summaries' based on discussions they had with people about their lives and interests. Through this process one person had been supported to continue their interest in art and another person had been supported to pursue a gardening activity. The activity co-ordinator told us how a person who was not able to communicate verbally had developed an enjoyment in games and responded positively to communal activities. The activity co-ordinator told us, "The person's expressions and responses to things like ball games are really positive." Records were kept about the different activities people had undertaken and we could see these were planned and undertaken both in small groups.

The provider and registered manager had systems in place to respond to complaints if they arose. The people and relatives we spoke with told us they felt confident to speak to the registered manager if they had an immediate concern. One person told us, "I know I only have to speak up and the staff help me. I have a tongue and I know I can complain if things are not run properly. The manager and staff here are good and they listen."

We saw information was available to tell people about what they should do if they wanted to raise a more formal complaint. However, when we looked at the information we saw it was not fully up to date in relation to the current address for The CQC and it did not include the contact details for the health service ombudsman. We raised this with the registered manager who undertook immediate action to update the information. This meant that people would know who to escalate their concerns if they needed to.

Requires Improvement

Is the service well-led?

Our findings

There was an established registered manager in post and we observed the registered manager had an open approach to running the home. People knew who the registered manager and senior staff were and freely engaged with them. One person told us, "I think the manager is very approachable and part of the reason I like it here." Another person said, "The manager is a friendly and understanding person. I like her."

There were systems in place to monitor the quality and safety of the service. The registered manager told us the registered persons employed an area manager who undertook announced and unannounced visits to the home to carry out checks and to support the registered manager in the running of the home. The registered manager told us the visits were used to identify any areas for improvement and agree actions needed to keep improving the home.

However, we found that although an estates audit had been carried out in December 2016 and an area manager audit completed in March 2017, the areas identified for improvement, for example in the safe, effective and responsive sections of this report had not been fully addressed and no longer term solutions to the issues had been considered.

In addition, when we looked around the home we also saw the home's communal bathroom and walk in shower areas were in need of some updating. The registered manager told us this had already been identified and some work had been completed and included in the provider's maintenance and refurbishment action plan for the home. However, the information did not give any time scales or information about the full completion of the planned upgrade of these areas.

The registered manager told us there had been a number of different area manager changes during the last twelve months which had led to some inconsistency in communications but that this was being addressed. After we completed our inspection visit the registered manager and an area manager told us they now had support in place and assured us actions would be taken to ensure all of the areas we had identified would be fully responded to and addressed.

We saw the registered manager had an open door approach and was accessible to people and visitors. Staff said they also had regular access to the registered manager and that she could be contacted out of hours if needed. During our inspection we observed staff receiving guidance and support from the registered manager and deputy manager and approaching them when there was something they needed to check.

Staff also told us they knew about the registered person's whistleblowing policy and said they would not hesitate to use it to escalate any concerns they had if they witnessed any poor care practice.

Staff team meetings were held quarterly and records were kept of each meeting so staff who could not attend them had access to the records. We noted the last team meeting included discussions about care practice and feedback from the outcome of recently conducted safeguarding concerns and how practices should be improved. The registered manager told us how they were continuing to drive improvements in

this area. They also confirmed the staff meeting scheduled for May 2017 was planned to further discuss the outcomes and summaries of the safeguarding issues they had responded to with staff, both to help with learning and development and to improve team working.

The registered manager said and records we looked at confirmed that they held quarterly meetings with people and carried out annual surveys to ensure they had opportunities to share their views about the home. The registered manager told us and records confirmed the last survey carried out with people and their relatives was in November 2016. The information we looked at indicated the feedback was positive and people who completed the surveys said they were happy with the service they received.