

Wellingtoncare (Somerset) Limited

Wellington and Longforth House

Inspection report

Longforth Road
Wellington
TA21 8BR
Tel: 01823 663667
Website: www.wellingtonhouse.net

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Ratings

Overall rating for this service	Good	
Is the service safe?	Good	
Is the service effective?	Good	
Is the service caring?	Good	
Is the service responsive?	Good	
Is the service well-led?	Good	

Overall summary

We carried out this unannounced 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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Wellington and Longforth House provides care and accommodation for up to 43 people. Wellington House specialises in the care of older people who have mental health needs including people living with dementia. Longforth House provides care and support to adults of working age who have mental health needs.

There are two registered managers who share responsibility for the whole home. A registered manager

Summary of findings

is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

On the day of the inspection there was a calm and relaxed atmosphere in the home and we saw staff interacted with people in a friendly and respectful manner. One person told us: "I feel safe living here. It's not like home but I have nothing to make me worry anymore." One visitor said: "I have no concerns. It makes such a difference knowing they are safe, secure and happy."

Staff and visitors we spoke with described the management of the home as extremely open and approachable. Throughout the day we saw that people appeared very comfortable and relaxed with the provider and the registered manager on duty.

People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to changes in need. People were assisted to attend appointments with appropriate health and social care professionals to ensure they received treatment and support for their specific needs.

People said staff were 'competent' and 'always helpful.' One visitor told us: "The staff are all knowledgeable and friendly. They always seem to do the right thing." Staff we spoke with said they received excellent support and supervision.

Staff had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

Throughout the day we saw staff interacting with people who lived at the home in a caring and professional way. We saw a member of staff supporting two people to complete a puzzle. They were chatting happily and laughing together. We saw two members of staff offering to assist a person to go to their room to get changed. The staff were gentle and encouraging but when the person made it clear they did not wish to be helped the staff respected their wish. We noted that throughout the day staff offered support to this person but always respected their wishes.

People who were unable to verbally express their views appeared very comfortable with the staff who supported them. We saw people smiling and touching staff when they were approached.

We saw in Wellington House there was a weekly activity programme and records showed an activity worker supported people to take part in activities on a one to one basis. In Longforth House activities were more personalised and we saw that people made suggestions about activities and outings at monthly meetings. Additional staff were provided in the evenings in Longforth House to enable people to access community facilities appropriate to their ages and abilities.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People who lived at the home were safe because there were enough skilled and experienced staff to support them.

Staff we spoke with had a good understanding of how to recognise and report any concerns and the home responded appropriately to allegations of abuse.

We found the location to be meeting the requirements of the Deprivation of Liberty Safeguards. Staff had received appropriate training, and had a good understanding of, the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

Good



Is the service effective?

At this inspection we found people received effective care and support to meet their needs.

Staff received on-going training to make sure they had the skills and knowledge to provide effective care to people.

People could see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

Good



Is the service caring?

People were supported by caring staff who respected their privacy and dignity.

Staff spoke to people and supported them in a professional and friendly manner.

People who lived at the home, or their representatives, were involved in decisions about their care and support.

Good



Is the service responsive?

People received care and support which was personalised to their wishes and responsive to their needs.

There was a weekly activity programme for people who lived in Wellington House and an activity worker was employed to support people with activities. People who lived in Longforth House also had opportunities to take part in activities of their choosing.

There was a complaints procedure but this was not written in a format that would be understandable to everyone who lived at the home. However everyone we asked said they would be comfortable to make a complaint and were confident any issues would be addressed.

Good



Is the service well-led?

The home was well led by an open and approachable team who worked with other professionals to make sure people received appropriate care and support.

The quality of the service was effectively monitored to ensure on-going improvements.

Good



Wellington and Longforth House

Detailed findings

Background to this inspection

The inspection was carried out by one inspector. We visited the home on 16 July 2014. At the time of the inspection there were 32 people living at Wellington House and 10 people living at Longforth House.

We reviewed the Provider Information Record (PIR) and previous inspection reports before the inspection. The PIR was information given to us by the provider. This enabled us to ensure we were addressing potential areas of concern. We also reviewed the information we held about the home and notifications we had received. At our last inspection in July 2013 we did not identify any concerns with the care provided to people who lived at the home.

During the day we spoke with 12 people who used the service, four visiting relatives, six members of staff and one visiting health and social care professional. We also received comments from two health and social care

professionals and one relative by email. We looked around the premises and observed care practices throughout the day. We also looked at records which related to people's individual care and to the running of the home.

In Wellington House we carried out a Short Observational Framework Inspection (SOFI) over the lunch time period. SOFI is a tool to help us assess the care of people who are unable to tell us verbally about the care they receive.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People who lived at Wellington and Longforth House were safe because the home had arrangements in place to make sure people were protected from abuse and avoidable harm.

There was a calm and relaxed atmosphere in the home and we saw that staff interacted with people in a friendly and respectful manner. One person told us: "I feel safe living here. It's not like home but I have nothing to make me worry anymore." One visitor said: "I have no concerns. It makes such a difference knowing they are safe, secure and happy."

People were supported to take everyday risks. We saw that people moved freely around the house and garden and were able to make choices about how and where they spent their time. Some people told us they went to local shops and cafés without staff support. One person said: "They like me to tell them where I'm going and what sort of time I'll be back. It's rather nice to know that they care."

There were risk assessments in place to enable people to take part in activities with minimum risk to themselves and others. We looked at one risk assessment for a person who wished to go out on their own. We saw the risk assessment had been reviewed and updated as the person became more confident and familiar with the local area. This showed the home worked with people to achieve their goals with minimum risk.

People who did not have the mental capacity to make decisions for themselves had their legal rights promoted because staff had received appropriate training. Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff we spoke with had a good understanding of how to offer people choices and the need to involve personal and professional representatives if a person was unable to make a decision for themselves. One member of staff told us: "Most people are able to make day to day choices with the right support. When it comes to big decisions we involve other people and try to work out what they would have decided if they had been able. It's all about knowing the person really."

One person who lived at the home had been assessed by outside professionals using the Deprivation of Liberty Safeguards as set out in the Mental Capacity Act 2005. This

was clearly recorded in the person's care records to ensure all staff were aware of the person's legal status. The manager and provider were up to date with recent changes to the law regarding the Deprivation of Liberty Safeguards. At the time of the inspection the home was working with the local authority to make sure people's legal rights were protected.

The risks of abuse to people were minimised because there were clear policies and procedures in place to protect people. The provider informed us that all staff undertook training in how to safeguard adults during their induction period and there was regular refresher training for all staff. During the inspection visit we saw there were notices informing staff of forthcoming training in this subject. We also saw posters on notice boards giving details of who to contact if they had any concerns.

Staff we spoke with said they had received training in how to recognise and report abuse. All were clear about how to report any concerns. Staff spoken with were confident that any allegations made would be fully investigated to ensure people were protected.

We saw evidence that a thorough investigation had been carried out by the provider in response to an allegation of abuse. The provider had informed the local authority safeguarding team of the allegation and worked with them, and other appropriate professionals, to make sure people who lived at the home were protected. The home had taken action to address issues that were raised by the investigation. This demonstrated that the home took allegations seriously and took action to make sure people were protected.

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. We saw that people received care and support in a timely manner. A visiting relative said: "There seems to be enough staff, there's always someone about if you want to discuss anything." "One member of staff said: "We definitely have enough staff. It's a very stable team and there's always training available. If we have someone admitted who has specific needs they make sure we have all the information and training we need." One health and social care professional told us: "Wellington House management will increase staff numbers according to need and work within, or above, the required staff ratio recommended for Specialist Residential Care. I feel the home is safe."

Is the service effective?

Our findings

People who lived at the home received effective care and support from well trained and well supported staff.

People we spoke with said staff were 'competent' and 'always helpful.' One visitor told us: "The staff are all knowledgeable and friendly. They always seem to do the right thing." Staff we spoke with said they received excellent support and supervision.

There was an induction programme and on-going training available to make sure all staff had the skills and knowledge to effectively meet people's needs. We spoke with new staff who said they were completing an induction programme and had opportunities to shadow more experienced staff. The home also had apprentices who were completing a health and social care course through a local college. This meant that people were supported by staff who had up to date knowledge about how to provide effective care to people.

A specialist nurse from the local community mental health team was linked to the home to advise on best practice and ensure staff had the skills to meet people's needs. We were informed by the specialist nurse that the home worked well with other professionals, sought advice and acted on it appropriately to make sure people's needs were met. Care records we saw showed that appropriate professionals had been involved in the review of care plans.

People had their physical and mental health needs monitored. There were regular reviews of people's health and the home responded to changes in need. During the inspection we looked at the care records for five people. All showed people had access to healthcare professionals according to their specific needs. People said the home made sure they saw the relevant professional if they were unwell. One person said: "You can see the doctor or a nurse if you are poorly. They make sure you are looked after." The home also supported people to attend appointments outside the home. For example on the day of the inspection staff assisted a person to attend the dentist.

There were risk assessments in personal records relating to skin care and mobility. We saw that where someone was assessed as being at high risk appropriate control measures, such as specialist equipment, had been put in place. One care plan stated they were at high risk of falls. To minimise the risk to the person the care plan said that a

pressure mat should be put in their bedroom to alert night staff when the person got out of bed. We saw this equipment was in place. This meant staff were able to quickly provide support and therefore minimise the risk of the person falling.

Each person had their nutritional needs assessed and met. The home monitored people's weight each month, or more often if required by their nutritional assessment. All five care records we read showed that people were maintaining a stable weight. We saw any concerns about a person's food intake or swallowing ability were referred to a specialist.

We saw one person had been assessed by a speech and language therapist. Recommendations had been made about the consistency of food and drink required and the support needed to ensure their nutritional needs were met. At lunch time we saw this person received food and drink in accordance with the recommendations from the professional. The support they received to eat was in line with the person's specific care plan. This demonstrated that the person received effective care to meet their nutritional needs.

We observed the main meal time of the day in Wellington House. There were two dining areas and some people chose to eat in the lounge area in easy chairs. We saw that although tables were provided for people in the lounge, staff did not always adjust the tables to make sure people could easily reach their meal. This resulted in some people's tables being at a difficult height or distance for them to eat their meal in comfort. Where people required physical support from staff to eat this was provided in a dignified and unhurried manner. We heard care staff telling people what the food was and chatting to the people they were assisting.

People were offered a choice of two meals in a way that was appropriate for them. Some people were shown a choice of two meals and others were asked for their choice. However we saw that one person was not able to have their choice because the kitchen had run out of that option. This resulted in them having a meal which was not their first choice. Meals were served plated from the kitchen which meant people were not able to make choices about portion size or vegetables. Two people told staff they did not want a hot meal and we saw that sandwiches and crisps were provided and eaten.

Is the service effective?

Everyone we asked said the food was always nice and they had plenty to eat and drink. One person said: "The food is always good, you get waited on, things could be worse." Another person told us: "There's never any shortage of food. As well as meals there's snacks and cake."

In Longforth House people told us they were involved in shopping for food on a weekly basis and were able to make choices about the menu in the home. We saw minutes of meetings held in Longforth House which showed that people were always asked for suggestions about meals.

Is the service caring?

Our findings

People who lived at the home were supported by kind and caring staff. One person said: “The staff are nice and friendly.” Another person told us: “All the staff are kind and sweet.”

Throughout the day we saw staff interacting with people who lived at the home in a caring and professional way. We saw a member of staff supported two people to complete a puzzle. They were chatting happily and laughing together. We saw two members of staff offering to assist a person to go to their room to get changed. The staff were gentle and encouraging but when the person made it clear they did not wish to be helped the staff respected their wish. We noted that throughout the day staff offered support to this person but always respected their wishes.

People who were unable to verbally express their views appeared very comfortable with the staff who supported them. We saw people smiling and touching staff when they were approached.

All staff we spoke with had a good knowledge of the people they cared for. They were able to tell us about individual’s personal histories and interests. We heard staff chatting to people about their families and recent visitors. Visitors told us they were always made welcome and were able to visit at any time. One visitor said: “Staff are always smiling they seem genuinely happy in their work.” Another visitor told us: “The staff have made a real effort to find out about my relative and they chat away happily about all sorts of things. This is caring, this is right.”

Staff had a good understanding of the needs of people with dementia and encouraged people to make choices in a way that was appropriate to each individual. People told us they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person said: “You can really do what you like.” Staff said they tried to ensure people continued to make choices about all aspects of their lives. One member of staff said: “We are encouraged to sit with people and get to know them. We always write down what people have enjoyed

doing so we can try to arrange care around them even if they can’t speak to us anymore.” This showed that staff took account of people’s abilities and chosen routines to provide care and support in line with their likes, dislikes and preferences.

The care plans we looked at showed that these individuals, or their representative, had been involved in creating and reviewing the plan of care. One visitor told us: “My relative is no longer able to express themselves. They keep me involved in everything and always let me know if anything has happened.”

People’s privacy was respected. All rooms at the home were for single occupancy. This meant that people were able to spend time in private if they wished to. Bedrooms had been personalised with people’s belongings, such as photographs and ornaments, to assist people to feel at home. We saw that bedroom doors were always kept closed when people were being supported with personal care.

In addition to bedrooms there were quiet spaces where people could meet with visitors if they wished to. There was a small lounge area where staff said some people chose to sit with their visitors. There was also a ground floor treatment room which enabled people to see healthcare professionals without using their personal bedroom.

The home had two dignity champions. These were members of staff who took a special interest in promoting people’s dignity and ensuring that all staff were aware of the how to maintain people’s dignity. One dignity champion said they had provided training for all staff and saw their role as continually challenging any poor practice. However they told us they very seldom had to challenge poor practice as staff were very good at promoting people’s dignity. During the inspection we saw staff supported people in a discreet and respectful manner. We saw staff quietly asking people if they would like to be helped with personal care. We also saw that when staff assisted someone with mobility they made sure their clothing was properly adjusted.

Is the service responsive?

Our findings

Throughout the day we saw that staff responded appropriately to people's needs for support. We saw that staff always asked people for their consent before assisting them. If people refused to be helped staff respected their wishes. One person said: "Everything you do is your choice."

People were able to visit the home and spend time with staff and other people who used the service before making any decision to move in. In addition to permanent residential care the home also offered day care and respite care. This allowed people to make a choice about whether they wished to live in the home. On the day of the inspection one person came to the home for a respite stay. The person was unable to fully verbalise their views. Therefore the home had worked in partnership with other professionals, who knew the person well. A plan of care had been developed which would enable staff to respond appropriately to the person's needs and alert other professionals if they chose to leave the home.

Everyone who lived at the home had a care plan that was personal to them. The care plans contained information about people's likes and dislikes as well as their needs. We looked at five care plans and saw they had all been tailored to the individual. They contained information about how people communicated and their ability to make decisions about their care and support. One care plan said the person often experienced discomfort and was prescribed pain relief on an as required basis. It stated that the person was able to make a decision about pain relief if given time to do so and said the person should be offered this on a regular basis. During the day we saw that a member of staff offered the prescribed medication to the person. The staff member patiently explained how the medication may help in relieving pain and gave the person time to consider their response.

One health and social care professional told us: "The home seems to be caring and have a personalised touch. Their records are easy to follow and service user's needs are responded to appropriately." A visiting relative told us how impressed they were with the amount of time the home

spent finding out about what was important in their relative's life. They said "The fact that they are so happy here shows they get care in the right way. Nothing seems to upset the staff they just go along with what people want."

Each person who lived at the home had a life story book. We looked at a sample of these books and saw they contained information about the things and people that were important to them. They also contained information about people's preferred daily routines. This meant that staff had information to enable them to provide care in a way that was personal to the individual. One member of staff said: "Life story books are very important. They often tell us about the little things that people can't tell us about."

There was a weekly activity programme in Wellington House and records showed an activity worker spent time with people on a one to one basis to ensure they were able to take part in activities which matched their interests. On the day of the inspection there was no activity worker working in the home and we saw that some people spent periods of time sat in the lounge with limited social stimulation. In Longforth House activities were more personalised and we saw that people made suggestions about activities and outings at monthly meetings. Additional staff were provided in the evenings in Longforth House to enable people to access community facilities appropriate to their ages and abilities.

The home had a complaints procedure but this was not clearly displayed in a format that would be easily accessible to everyone who lived at the home. This could make it difficult for people who were unable to understand the written procedure to make their concerns known. However people who lived at the home and visitors said they would be comfortable to make a complaint if they were unhappy about any aspect of their care. Everyone said they were confident that any complaint would be taken seriously and fully investigated. One person said: "I am quite content but I would complain if I had to." Another person told us "The manager is really nice. If I wasn't happy I would tell them and they'd put things right." There had been three formal complaints made to the home and records showed that these had all been investigated and responded to.

Is the service well-led?

Our findings

There was a management structure in the home which provided clear lines of responsibility and accountability. There were two registered managers in post who shared overall responsibility for the whole home. There was also care manager who had a lead role within the part of the home known as Longforth House. The owners were also very involved in the running of the home and monitoring quality and satisfaction.

One registered manager, the care manager and one of the home owners were available throughout the inspection. We observed that all took an active role in the running of the home and had a good knowledge of the people who used the service and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people who lived at the home and making themselves available to personal and professional visitors.

Staff and visitors we spoke with described the management of the home as extremely open and approachable. During the inspection we found the owner and registered manager on duty to be welcoming and knowledgeable. One health and social care professional who was visiting on the day of the inspection said about the registered manager: "They are always happy to discuss options and to work with staff and visiting professionals in providing the best approach and care to residents. She leads her team by example, is approachable and, in my opinion, well respected."

Staff told us, and duty rotas seen confirmed, there was always a senior carer on each shift. Staff said there was always a more senior person available for advice and support. One member of the care staff team said: "There's always someone to ask if you are not sure about anything." New staff we spoke with said they had been welcomed into the team and felt well supported. One said they had requested additional shadow shifts when they had begun work, as they had not felt confident to work on their own, and this had been arranged.

The registered managers and owners kept up to date with current good practice by attending training courses and linking with appropriate professionals in the area. They had forged links with a local college through the apprenticeship

scheme and had been active in fundraising for the Alzheimer's Society. At the time of the inspection the home was working towards the Gold Standards Framework award which is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their life.

In 2013 the home was a finalist in the 'Somerset Care Awards.' This year some staff had been nominated for individual awards such as 'excellence in leadership' and 'outstanding care and support worker.' Staff had been nominated by people using the service, or their representatives, and other professionals. This demonstrated that the abilities and commitment of staff was recognised outside the home.

There were effective quality assurance systems in place to monitor care and plan ongoing improvements. There were audits and checks in place to monitor safety and quality of care. We saw that where shortfalls in the service had been identified action had been taken to improve practice. We looked at a care plan audit that had taken place and saw that shortfalls had been addressed with staff through supervision and meetings. This demonstrated the home had a culture of continuous improvement in the quality of care provided.

All accidents and incidents which occurred in the home were recorded and analysed. We saw that where someone had a high number of falls or incidents they were referred to health and social care professionals for specialist support.

There were systems in place to share information and seek people's views about the running of the home. There were meetings for people who lived at the home and relatives, a suggestion box enabling people to make anonymous suggestions if they wished, and customer satisfaction surveys. This enabled the home to monitor people's satisfaction with the service provided and ensure any changes made were in line with people's wishes and needs.

Recent concerns raised with the home had been fully investigated and findings had been shared with relevant professionals. As a result of the investigation action was being taken which included additional training for staff in recognising and reporting abuse. There were also plans for all staff to have individual supervision around the whistle

Is the service well-led?

blowing policy. The provider informed us this had been arranged to make sure all staff were up to date with how to recognise abuse and to reiterate that everyone had a duty to report poor practice if they witnessed it.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.