

# Welford Court Limited

# Welford Court

## Inspection report

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## Ratings

Overall rating for this service	Good ●
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Is the service safe?	Requires Improvement ●
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Is the service effective?	Good ●
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Is the service well-led?	Good ●
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# Summary of findings

## Overall summary

### About the service

Welford Court is a residential care home providing accommodation and personal care to up to 14 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 14 people using the service. The service is a detached property that has accommodation over 2 floors. Some people's bedrooms had en-suite facilities and people shared communal lounges, dining room and have access to a large garden.

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

Some environmental risks were not always mitigated. The registered manager addressed these concerns immediately during our inspection. Staff received safeguarding training and knew what to do if they thought someone was at risk. Medicines were managed safely. There were safe systems of recruitment in place. People's needs were assessed, and clear risk assessments were in place to guide staff.

People were cared for by staff who were well trained and skilled to deliver the support they needed. Staff had regular supervision and were encouraged to develop their knowledge and skills. Staff supported people to eat a healthy diet and access other health professionals when needed.

Feedback about the service, staff and management was very positive. Staff worked in effective partnership with external professionals. The management team had oversight of the service and demonstrated commitment to the continued development of the service. Staff were supported within their roles and the registered manager supported staff with their development.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 14 April 2020).

At our last inspection we recommended that the provider implement an effective range of quality assurance processes and audit checks which cover all key aspects of the service. At this inspection we found that improvements had been made to the quality assurance processes.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all

care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Welford Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Welford Court

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by 1 inspector. An Expert by Experience also supported the inspection remotely by making telephone calls to relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

Not everyone who lived at the home was able to share their views with us. As a result of this, we spent time observing interactions between people and the staff supporting them. We spoke with 1 person who used the service and 9 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, nominated individual, deputy area manager, 2 senior care workers, 2 care workers and cook. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of documents including people's care plans and risk assessments, 2 staff recruitment records, training records, DoLS records and mental capacity assessments. We also reviewed audits and governance, medicines records and observed medicine administration. We conducted checks of the building, grounds and equipment.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always safely managed. Where people were supported with PRN (as required) medicines the records of administration were not always completed in line with best practice guidelines. This meant there was a risk that health care professionals would not be able to complete a thorough review of the medicines effectiveness.
- Medicines were stored safely and disposed of correctly. Storage temperatures were monitored to make sure medicines would be safe and effective.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed. Staff confirmed this happened.

### Assessing risk, safety monitoring and management

- Some environmental risks were managed well whilst improvements were required to other aspects of the environment to reduce risks to people further. We identified an upstairs window was without the appropriate window restrictor and a fire safety door was propped open. The registered manager took steps to address the shortfalls immediately during the inspection.
- Staff effectively assessed, monitored and managed risks to people's personal safety and well-being. Care plans and risk assessments were in place to mitigate risks and were reviewed regularly.
- Fire safety audits were undertaken by the management team. Personal emergency evacuation plans were in place and accessible to staff and others, in the event people needed to be evacuated. Fire drills and fire safety checks were also completed.
- People were protected from risks associated with water. Water temperatures were regularly taken, and water outlets checked to protect people from scalding risks and risks of legionella. (Legionella is a water-based bacteria that can cause ill health).

### Staffing and recruitment

- There were enough staff on duty to meet people's needs. Care staff had additional domestic tasks they were expected to complete such as cleaning and laundry. One staff member told us, "Some days are busier than others, but we always put the residents first." Following inspection the registered manager told us they had plans to recruit a domestic cleaner at the service.
- Staff were recruited safely. We found appropriate checks such as Disclosure and Barring Service (DBS) checks had been completed prior to staff starting. Disclosure and Barring Service checks provide information including details about convictions and cautions held on the Police National Computer. The

information helps employers make safer recruitment decisions.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. One person said, "Yes, I feel safe here.". A relative told us, "[Person] is being kept very safe."
- People were safeguarded from the risk of harm. Systems and processes were in place and followed by staff. Safeguarding concerns were documented, investigated and shared with the local authority accordingly. Relatives told us, people were well looked after and safe.
- Staff felt able to raise concerns about poor practice. Staff told us they had confidence the registered manager would deal with any concerns if required.

#### Visiting in care homes

- The provider's approach to visitors in the care home was in line with government guidance and people were supported to have visitors.
- We observed visitors entering the home throughout the inspection and were seen spending time with their family members in lounge areas and dining room. One relative told us, "They are very welcoming to visitors and I can visit at any time."

#### Learning lessons when things go wrong

- Systems were in place to monitor incidents and accidents in the home. These were analysed on a monthly basis for patterns and trends and action recorded where needed. This helped to reduce risks to people and further recurrence.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Comprehensive assessments were in place providing detailed guidance for staff about how they should support people to meet their needs, choices and preferences. Staff demonstrated good knowledge on how to care for people and were observed to provide person-centred care.
- Care plans and risk assessments were regularly reviewed to ensure people were receiving care that met their needs. Staff told us they were regularly updated about people's changing needs.
- The provider completed pre-assessments with people prior to their admission into the service. Pre-assessments helped staff to understand a person's needs. One relative told us, "[Manager] went out to see [person] in the previous home before [person] came. It was really nice of them to make the effort."

Staff support: induction, training, skills and experience

- Staff received training that was appropriate to meet the needs of people living at the service. The service's training records showed staff had received training in a variety of subjects such as, safeguarding, infection control, moving and handling and medicines.
- Staff told us they felt the training they had received was suitable and adequate for them to support people safely and effectively.
- Staff told us they felt supported in their role. Staff supervisions took place and gave staff the opportunity for staff to discuss their work. One staff member told us, "If we need something on training, or a refresher course [management] sort it out. If you ask for anything it's not a big deal."
- Competency assessments were used to ensure staff had the skills and knowledge to support people. This included assessing how staff supported people with medicines and with their mobility.

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

- People's nutritional needs were assessed. People's dietary requirements and preferences were clearly recorded in people's care plans and in the kitchen for staff guidance.
- People were supported to be independent at mealtimes. People were observed to have appropriately adapted crockery to maintain their independence. Staff were available to support and encourage people with their meals.
- People ate and drank what they wanted. People were offered snacks and drinks regularly. One relative told us, "They bring round hot drinks like tea on a regular basis." The provider ensured records of people's food and fluid intake were kept.
- One person's relative told us, "[Person] loves it, they've put weight on. I've seen the food and it is good

quality, and there is a good variety." Another relative said, "The food is excellent."

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

- The staff team worked effectively with other agencies. One visiting healthcare professional told us, "Staff always feedback to us what they're doing or have done. They call us out straight away if there's a problem and report things promptly." Records reviewed demonstrated that concerns were escalated appropriately and promptly.
- Staff worked closely with other professionals; people were referred to appropriate healthcare professionals such as, speech and language therapists or GP's, when required. Staff recorded outcomes and followed advice as needed to support people's ongoing care. One relative told us, "[Staff] do support [person] to attend medical appointments if I am not available."
- Staff supported people to maintain good oral health. Care plans contained guidance for staff about the support people needed with oral healthcare, including tooth and denture care.

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

- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them. One relative said, "I couldn't fault it. [Person's] room is nice."
- Lounge and dining areas were situated on the ground floor. These were bright and comfortable.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Mental capacity assessments were carried out where required. We saw examples that showed how relatives and representatives had been consulted in best interest decisions.
- Where people were deprived of their liberty, DoLS were in place and people were supported in line with their agreed plans.
- Staff were observed gaining consent before providing care and support.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we recommended the provider implemented an effective range of quality assurance processes and audit checks which covered all key aspects of the service. The provider had made improvements.

- Systems were in place to provide oversight of the quality of the home. A range of weekly and monthly audits were carried out at the service. This included people's care records, infection control, and medicines management.
- The registered manager understood their role. Where appropriate, the management team completed statutory notifications regarding incidents such as safeguarding concerns to CQC and other agencies. This meant external oversight and monitoring was maintained.
- Staff were clear about their roles and responsibilities. They were observed to work as an effective team to ensure people's needs were met.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives felt the atmosphere at the service was warm and inviting. There was a person-centred culture and staff spoke knowledgeably and kindly about the people they supported. One relative told us, "I feel like I am visiting someone in their own home. They pay attention to detail and give love, care and attention."
- The management team promoted a positive culture and encouraged feedback from people, their relatives and staff.
- Staff were positive about working at Welford Court. Feedback from staff about the service and management was positive. One staff member told us, "I do enjoy working here, it feels homely." Another staff member said, "It's nice here, feels like a family as everyone looks out for each other."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the duty of candour and the need to be open and honest. Incidents were

investigated appropriately, and relevant parties were kept informed throughout.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and their relatives had opportunities to provide feedback through surveys. The feedback we reviewed was positive. One comment included, "Welford Court has a home from home feel and residents are known individually."
- Staff meetings were held to gather staff views and opinions. A staff member said, "[Management] ask staff before what they want bringing up in the meeting, and they ask during the meeting if anyone wants to bring anything up. They also do the meeting on video call, it's a really good idea." Documentation of the meeting records found staff were able to make suggestions and key information was also shared which included updates on the service.
- Relatives told us they were consulted about issues relating to people's care. One relative said, "I am kept informed. I feel I can contact them and ask them anything at any time, but I don't need to because I have confidence in them. They would call me if there was any problem." Another relative said, "They keep us posted on anything that needs sorting out for example if [person] needs any antibiotics."

Continuous learning and improving care

- The management team had a positive attitude towards learning to improve care. Staff at the service had made their own training videos in areas such as PPE and hand washing. One staff member said, "The videos are good, and they are really fun. Plus, it's on your phone so it's always there, and you remember it better."

Working in partnership with others

- Partnership working was established. Staff worked closely with health care professionals, regularly sharing information relevant to people's health and social care needs. This supported people to achieve positive outcomes.