

Arcare (West Midlands) Limited

Welbeck House

Inspection report

42 Welbeck Avenue
Wolverhampton
West Midlands
WV10 9LS

Tel: 01902681909

Date of inspection visit:
12 September 2019

Date of publication:
27 September 2019

Ratings

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

Summary of findings

Overall summary

About the service

Welbeck House is a residential care home providing accommodation and personal care for up to four people. At the time of the inspection the service was supporting four adults with learning disabilities.

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

People were safe and protected from abuse by staff that understood how to protect people and report their concerns.

Potential risks to people were assessed and measures put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again.

There were enough staff on each shift to meet people's needs and keep them safe. The provider's recruitment procedures helped ensure only suitable staff were employed.

Medicines were managed safely, and staff maintained appropriate standards of hygiene and infection control.

People had their needs assessed and plans were put in place to meet them. The home was adapted to meet individual needs and people had personalised their bedrooms. Staff had an induction, training and the support they needed to carry out their roles.

People were supported by consistent staff who knew them and their needs well.

Staff worked effectively with one another and engaged other agencies about people's needs. People had their health needs met and sought support from health professionals as required.

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.

The principles and values of Registering the Right Support and other best practice guidance ensure people with a learning disability and or autism who use a service can live as full a life as possible and achieve the best outcomes that include control, choice and independence. At this inspection the provider had ensured they were applied.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

People were communicated with effectively and were involved in planning their care. Staff encouraged people to make choices about their care and respected their decisions. Staff treated people with respect and maintained their dignity when supporting them.

People were supported in a person-centred way and were provided with a variety of opportunities to go out and take part in activities at local community sites. There was a complaint process in place which people understood how to use.

The registered manager knew people and staff well and had a positive attitude towards making improvements in people's lives. The quality of the service was checked on a regular basis and the provider sought ways to learn and make changes and improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 7 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Welbeck House

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Welbeck House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with

four members of staff, the registered manager, an external trainer and the area manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included two people's care records, medication records. We looked a variety of records relating to the management of the service, including audits and action plans.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and were happy living at the service. One person told us, "I have been here since last year and I like it it's a nice place and I do feel safe here."
- People were protected from the risk of abuse. Staff understood how to recognise abuse and could describe how they would safeguard people. One staff member told us, "We report any concerns to the registered manager and these get escalated to the local authority to be investigated."
- The registered manager could share examples of how concerns had been reported to the local authority and we had received notifications about incidents.

Assessing risk, safety monitoring and management

- People had risks to their safety and well-being assessed and guidance for staff on how to keep people safe was included in care plans.
- One person was at risk of falls. The risks had been assessed and plans had been put in place to manage the risks.
- Staff understood the risks and could describe how they supported the person to prevent falls. One staff member said, "There is a plan in place and the person walks with a walking aid."
- There were individual personal evacuation plans in place to guide staff on how to safely support the person from the building in the event of an emergency.

Staffing and recruitment

- People told us there were enough staff to support them safely.
- Staff told us they thought there were enough staff to support people safely. Our observations confirmed there were enough staff to support people.
- The registered manager told us staff were recruited following an application form and interview process and successful provision of references and checks on the staff suitability to work with people.
- Staff confirmed this and said the process was complete ahead of them starting work at the location.

Using medicines safely

- People told us staff supported them to take their medicines safely. One person said, "The staff give me my tablets twice a day and they are always on time." Another person said, "The staff take our tablets with them if we go out anywhere."
- Staff told us they received training in how to administer medicines safely. One staff member said, "All of

the staff here can administer medicines, we have a blister pack system in use and record everything on a medicines administration record." Records confirmed people received their medicines as prescribed.

- There was guidance in place for staff on how to administer people's medicines safely. Conversations with staff confirmed they understood specific guidance and records showed this was followed. Medicines were stored in line with the medicines policy and stock checks were completed.

Preventing and controlling infection

- Staff helped people keep their home clean and maintained appropriate standards of infection control.
- One staff member told us, "We have had training, there are gloves and aprons in use, we have hand gel and separate mops and buckets for certain areas for example."
- We saw staff followed the procedures such as using gloves and aprons during the inspection.

Learning lessons when things go wrong

- There was a system in place to learn when things went wrong. The registered manager told us incidents or accidents were reviewed and actions were taken to make changes where needed to prevent reoccurrence.
- For example, accidents were monitored and reviewed to look for themes. Changes were made to individual care plans and the registered manager told us past incidents had led to changes to the paperwork used

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People had their needs assessed and care plans put in place to meet them.
- Where needed specific plans were in place to support people to manage their health conditions.
- For example, there were clear plans in place for managing conditions such as epilepsy and diabetes.
- Staff were knowledgeable about people's needs and could describe how people received their care to meet them. One staff member said, "One person can become very anxious, there is a clear plan which explains what might trigger this, the signs to look for and how to support the person to become calm."

Staff support: induction, training, skills and experience

- The registered manager told us in the PIR that staff received an induction into their role which included completion of the care certificate. They said there was ongoing training for staff in all aspects of their role.
- Staff confirmed they received induction and training. One staff member said, "The training here is good, my induction included training and shadow shifts."
- An external trainer visited the service on the day of the inspection to register staff for ongoing training courses.
- Our observations showed staff used their knowledge to provide effective support. For example, with infection control and implementing people's care plans.

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

- People were supported to eat and drink safely. One person told us, "We help with preparing the meal, I do the potatoes and we can choose what we want to eat."
- Risks had been assessed and plans were in place to manage those risks. For example, one person had been assessed as needing a special diet, this was clearly documented and there was guidance for staff from health professionals.
- Staff understood people's needs and preferences and could explain risks associated to meals and how they supported people safely. Our observations confirmed staff followed people's risk assessments. For example, one person needed a specific cup to drink from and we saw this was used throughout the inspection.

Staff working with other agencies to provide consistent, effective, timely care

- People told us they had consistent care from staff. One person said, "I know all the staff well who work here."
- Staff confirmed there were systems in place to support them with ensuring people received consistent support. One staff member said, "There are written and verbal handovers at the change of every shift to help us keep up to date."
- We saw health professionals were involved in people's care plans and staff worked with these other professionals to provide consistent care.

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

- The home was adapted to meet people's needs and people had personalised their bedrooms.
- We observed people were relaxed and comfortable in the service. There was a good standard of furnishings and this was suitable for people's needs.
- Adaptations had been put in place where needed. For example, there was a stair lift for people to access the first floor.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and seek support from health professionals.
- Care plans included detailed information and guidance for staff about people's individual health needs. For example, where people were living with Epilepsy there were clear guidelines for staff to follow in the event of a seizure.
- Staff could describe how they supported people to manage their health conditions. For example, one staff member gave a detailed description of the advice from the Speech and Language Therapy Team (SALT).
- Records showed where advice was given by a health professional this was followed by staff and incorporated into people's care plans.

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found the service was working within the principles of the MCA. People had their capacity assessed and where needed applications had been made for a DoLS.
- Where people were able to consent to their care, we saw staff observed this and sought consent.
- Where people were unable to make decisions for themselves decisions were taken in people's best interests.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People had good relationships with staff and were treated well. One person told us, "The staff here throw their heart and soul into the job." Another person told us, "Staff took me to visit my relative."
- Staff understood how people should be supported based on their individual needs and preferences. One staff member said, "We know people well and understand their life histories."
- Assessments and care plans took account of peoples protected characteristics and staff could describe how they used this information to support people to meet their needs.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in all aspects of their care. One person told us, "We choose where to go, we went out to a park yesterday that I used to go to with a relative." The person commented "It was nice to see the changes since I was last there."
- Staff confirmed people were involved in all aspects of their care. One staff member said, "We encourage people to be involved in cleaning their rooms and they are supported to choose and cook their meals."
- We saw people were supported to make choices and decisions by staff throughout the inspection. For example, one person was given choices about their planned trip to a community location that day.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy protected and their independence was promoted. One person told us, "The staff let us choose things and they encourage us to be independent."
- Staff told us people were supported as individuals to do as much for themselves as possible and were observed protecting people's dignity. We saw one person was discreetly supported by staff to sort out a problem with an aspect of their appearance.
- We saw staff encouraged people to be independent. For example, people were going out on the day of the inspection and people were encouraged to go to their room and gather their belongings ready.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were receiving person centred care and support to meet their needs. People had their needs and preferences assessed. For example, there were plans in place which included identifying people's cultural and religious needs.
- Assessments and care plans were personalised and gave staff guidance about people's needs and preferences. Reviews were completed on a regular basis and people and relatives were involved in this.
- Staff used the information to guide how they supported people and could describe how people's past histories helped them provide effective care and support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the Accessible Information Standards. We saw there were clear assessments of people's communication needs and information was provided in an appropriate format.
- Staff understood people's communication needs and could describe in detail how they supported people. One staff member was able to describe how they used people's actions, body language and facial expressions to help them understand what people needed.
- We saw staff followed people's communication plans when they were supporting people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they were supported to follow their interests, access the community and spend time doing things they enjoyed.
- One person told us, "I am going on holiday soon, the staff have arranged this with me, we are going to stay in a caravan and I haven't done that before." Another person told us about a club they attended in the local community. Another person said, "I like to go out with staff shopping."
- The registered manager told us they made use of local clubs and resources and used public transport to get people out and about as much as possible.

Improving care quality in response to complaints or concerns

- The provider had a policy in place to explain how people and relatives could make a complaint about the service. This was available in an easy read format, with pictures to help people understand how to complain.
- People told us they would raise any concerns with staff if they were unhappy about things.
- The registered manager told us how they would respond and investigate complaints and confirmed there had not been any complaints since the last inspection.

End of life care and support

- There was nobody in receipt of end of life care at the time of the inspection.
- The registered manager told us they considered people's preferences and choices in relation to end of life care where this was appropriate, and people were happy to discuss this.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- Management arrangements provided effective leadership and direction for staff. The home was relaxed, and people were comfortable and well supported. One staff member said, "The registered manager has been here a long time, they are always here for you and always accessible."
- Staff told us the approach of the home was designed to achieve good outcomes for people. People's views supported this was the case.
- The registered manager confirmed staff had received training in equality, diversity and human rights within their basic training and more detailed training had been sourced. Our conversations with staff supported this.

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 registered manager understood and acted on the duty of candour. We saw there was an open and transparent culture with appropriate information being shared.
- We saw where incidents had occurred information had been shared with the appropriate people in an open and transparent way.

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

- The registered manager and staff understood their role and provided effective care in accordance with the provider's expectations and the law.
- There were checks in place on the quality of the service to help ensure the quality of the service were maintained. For example, medicines administration was audited monthly to ensure this was being managed safely.
- Policies and procedures were current and in line with best practice.
- The provider had sent us notifications in relation to significant events that had occurred in the home.

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

- People were engaged in assessing the quality of the service they received and involved in making

decisions.

- We saw people were supported to complete a survey, in an easy read format to assess their experience of the service. This information was used to check people were having their needs met in line with their individual preferences.
- Staff told us they had opportunities to be involved in the service and had regular meetings to discuss how to continually develop the service. One staff member said, "We can always make suggestions, we suggested the holiday that is planned and were able to arrange this."

Continuous learning and improving care

- The registered manager told us they looked for ways to continually improve the service people received. The registered manager said, "I look to other professionals for advice and learning, for example I attend meetings with other agencies and share the practice across the team."
- We saw the systems in place to learn from incidents and accidents for example were effective in driving change.

Working in partnership with others

- The service worked in partnership with other agencies. For example, the registered manager told us about how they worked with a local community centre and other health professionals.
- Staff confirmed there were good community links in place and they had working relationships with health professionals. This was also evidenced in people's care records.