

Davard Care Homes Limited

Welshwood Manor

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Welshwood Manor is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 34 people in one adapted building over two floors.

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

Quality assurance and governance of the service was not as effective as they should be in identifying shortfalls. As a consequence of our findings, the new manager was putting more robust systems in place. Risks to people's safety and wellbeing were not always properly assessed and documented. These did not give staff clear guidance on how to safely care for people and meet their needs. However, staff demonstrated they knew people well, and a new care planning system had been purchased to allow for greater detail and oversight of people's records and care plans.

We have made a recommendation about assessing and documenting risks to people.

Staff recruitment did not always follow best practice guidelines, the provider had not obtained complete employment histories for all staff. We received mixed feedback about staffing levels, whilst there were enough staff to meet people's needs, people told us they sometimes have to wait a while for assistance. People were protected from abuse, staff were trained in how to keep people safe. People received their medicines as prescribed, and people were protected by the provider's infection and prevention control measures. The provider had made changes to the building to accommodate safe and meaningful visitation from relatives and friends during the ongoing pandemic.

People and relatives spoke highly about their experiences with Welshwood Manor. Staff treated people with dignity and respect and were described as, "Lovely and very caring.". One relative told us, "People are always given a choice and not treated like children." People and their relatives were regularly invited to share their thoughts and opinions on the service via surveys, which are reviewed and used to improve people's experience of the service.

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 04 December 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified a breach in relation to governance and oversight of the service at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Welshwood Manor

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.

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 two inspectors.

Service and service type

Welshwood Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a registered manager at the time of inspection. The previous registered manager left the service in August 2021. 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

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 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 five people who used the service and one relative about their experience of the care provided. We spoke with five members of staff, including the manager, deputy manager, floor manager, maintenance person, and care workers. We reviewed a range of records, including four peoples care records, and medication records. We reviewed three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 now deteriorated to 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.

Assessing risk, safety monitoring and management

- Risks to people were not fully assessed and documented. Information in the assessments was not clear and did not provide enough guidance for staff. For example one person did not have information for how staff should manage their continence care needs. The new manager had already identified this shortfall and was working to update the information at the time of inspection.

We recommend the provider considers best practice guidance for assessing and recording risks to people.

- Fire safety checks and audits were regularly completed, including weekly fire drills and testing. External fire professionals had been to the service within the last three months to complete an audit of the systems in place. Fire equipment had been regularly checked and serviced.
- Staff ensured moving and handling equipment, such as hoists, were well maintained, regularly checked, and serviced.

Staffing and recruitment

- Staff were not always recruited in line with best practice guidance. The provider had not ensured they had full employment histories for all staff. The manager told us they were aware of this and introducing new measures.
- The provider used a tool to assess staffing levels were accurate, however, one person told us, "I think they need more staff, sometimes I have to wait quite a while for assistance, they are busy."
- Staff received full induction training prior to starting their roles.
- The provider had carried out the necessary pre-employment checks such as Disclosure and Barring Service [DBS] to ensure safe were suitable to work with people needing care.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had systems in place to safeguard people, including a safeguarding policy.
- All staff had received training in safeguarding and protecting people from abuse, and understood their roles on how to protect people.
- The provider was aware of their responsibility to report concerns to external agencies, and the local authority had been notified where appropriate.

Using medicines safely

- People received their medicines safely.
- The manager was in the process of introducing competencies to ensure practices remained safe with staff who administered medications.
- Staff completed Medicines Administration Records accurately, and medicines were stored safely and appropriately.
- The provider had robust systems in place for the ordering and delivery of medicines.
- People had regular medicines reviews with healthcare professionals to ensure all medicines met their needs.

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 meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using Personal Protective Equipment [PPE] effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The provider shared information with staff following incidents, this was done via meetings and staff supervisions.
- There had not been any recorded incidents in the last 12 months, however, the manager described the processes involved in reviewing incidents, and how these would be analysed, and improvements made where shortfalls were identified.

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 now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The service does not have a registered manager. The provider has recruited a new manager, employed solely for the day to day management of the service. We have not received an application from the manager to register with the Commission at the time of writing this report.

- The provider's governance arrangements were not effective in identifying shortfalls in the service under the previous management arrangements. There was a gap between managers and interim arrangements in place did not provide oversight which ensured consistency of the quality of care. The audits in place had failed to identify missing and incomplete care plans and a lack of detailed risk assessments for people. Although the new manager was addressing these matters, they had not been identified before their employment commenced. This means the provider's systems of oversight needed improvement.
- The provider lacked oversight of staff recruitment processes and staff medicines competencies. The lack of audits in place meant the provider failed to identify gaps in the documentation.

We found no evidence that people had been harmed; however, the systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were clear on their roles and had received appropriate training and supervision to carry out their duties fully.
- The manager was in the process of introducing new quality assurance measures to promote improvement, they told us, "We are introducing medicines competencies for medicines trained staff, as well as more audits to check how the service is running."
- The provider had recently purchased a new care planning system which would make updating and recording changes to people's care needs easier to document. This system had yet to be implemented and embedded.

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

characteristics; 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 completed regular surveys for people using the service and relatives, which asked for feedback on their thoughts of the service, and if they could suggest any improvements. The provider then analysed these results to ensure improvements were made.
- The provider understood their responsibilities to be honest and transparent with people when things went wrong and described how they would investigate incidents and be open and transparent with those involved.
- Relatives told us the communication from the service was good. One person told us, "The communication is very good, we are always informed about any changes, staff are very honest and open."
- Staff were observed interacting with people in caring and respectful ways, providing people with choices and dignity.

Working in partnership with others

- The provider worked closely with the local GP surgery, and the district nursing service to ensure timely care was provided to people. The local hospice provided additional support for people nearing the end of their lives to support a dignified and pain free journey.
- The provider had regular contact with the local speech and language team with people receiving regular reviews and updates.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not effective. This placed people at risk of harm.