

Balcombe Care Homes Limited

Wellcross Grange Care Home

Inspection report

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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 inspected Wellcross Grange Care Home on the 11 June 2015. This was an unannounced inspection. The service was registered to provide accommodation and care, including nursing care for up to 45 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, dementia, Parkinson's Disease and cancer. On the day of our inspection there were 35 people living in the care home.

During the previous inspection on 14 April 2014 we found breaches of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010, (corresponding to Regulation 9 HSCA

(RA) Regulations 2014) in relation to inconsistent recording and reviewing of care plans and a lack of personalised care and activities; Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 (corresponding to Regulation 17 HSCA (RA) Regulations 2014) in relation to staffing and Regulation 22 HSCA 2008 (Regulated Activities) (corresponding to Regulation 18 HSCA (RA) Regulations 2014) in relation to quality monitoring systems.. Following that inspection, the provider had sent us an action plan detailing how they intended to address

Summary of findings

the shortfalls. On the day of our inspection, it was clear that the manager and staff had worked hard to improve the situation, they had thoroughly addressed all the issues and no concerns were identified.

A registered manager was in post and present on the day of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were happy, comfortable and relaxed with staff and said they felt safe. They received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff had also received both one-to-one supervision meetings with their manager, and formal personal development plans, such as annual appraisals, were in place.

People's needs were assessed and their care plans provided staff with clear guidance about how they wanted their individual needs met. Care plans we looked at were person centred and contained appropriate risk assessments. They were regularly reviewed and amended as necessary to ensure they reflected people's changing support needs.

There were policies and procedures in place to keep people safe and there were sufficient staff on duty to

meet people's needs. Staff told us they had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

Safe recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

There was a formal complaints process in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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?

The service was safe.

People were protected by robust recruitment practices, which helped ensure their safety. Staffing numbers were sufficient to ensure people received a safe level of care.

Medicines were stored and administered safely and accurate records were maintained.

Comprehensive systems were in place for regularly monitoring the quality of the service. Concerns and risks were identified and acted upon.

Good



Is the service effective?

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities.

Staff had training in relation to the Mental Capacity Act 2005 (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected.

The service had close links to a number of visiting professionals and people were able to access external health care services.

Good



Is the service caring?

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of care staff.

Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect.

People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Good



Is the service responsive?

The service was responsive.

Staff had a good understanding of people's identified care and support needs.

Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received.

A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Good



Summary of findings

Is the service well-led?

The service was well led.

Staff said they felt valued and supported by the established and very experienced manager. They were aware of their responsibilities and felt confident in their individual roles.

There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

People were encouraged to share their views about the service and improvements were made. There was an effective quality monitoring system to help ensure the care provided reflected people's needs.

Good



Wellcross Grange Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 11 June 2015 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of a range of care services.

Before the inspection we looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us

about by law. We also received a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with six people, six relatives, a visiting GP, the chef and the activities coordinator, three care workers, the clinical lead nurse and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff, including over lunchtime.

We looked at documentation, including three people's care and support plans, their health records, risk assessments and daily progress notes. We also looked at three staff files and records relating to the management of the service, including various audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Is the service safe?

Our findings

At the last inspection, the provider was in breach of Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 (corresponding to Regulation 17 HSCA (RA) Regulations 2014) which related to inconsistent staffing levels. During this inspection we found improvements had been made and the provider was no longer in breach.

People and relatives spoke positively about the service and considered it to be a safe environment. People said that they felt safe, free from harm and would speak to staff if they were worried or unhappy about anything. One person told us “I’m safe and comfortable here – and happy.” A relative told us “Absolutely no concerns. They do the right things to keep Mum safe.” Another relative described the staff as “patient and respectful.”

There was enough staff to meet people’s care and support needs in a safe and consistent manner. The manager told us that staffing levels were regularly monitored and were flexible to ensure they reflected current dependency levels. They confirmed that staffing levels were also reassessed whenever an individual’s condition or care and support needs changed to ensure people’s safety and welfare. This was supported by duty rotas that we were shown. During our inspection, we observed staff had time to support people in a calm and unhurried manner. People and relatives we spoke with had no concerns regarding the number of staff on duty at all times. Throughout the home, on both floors, we observed there were always sufficient staff available, covering the communal areas and the bedroom corridors.

People said they all had call bells, both in their rooms and when they moved to the communal areas. They told us that having their call bell made them feel “reassured” and gave them “peace of mind.” No-one we spoke with, including relatives had any concerns regarding the response times. One person described the time when they pressed their call bell accidentally during the night and the staff came “very quickly.” They told us “It’s good to know it works!”

Medicines were managed safely and consistently. We spoke with the clinical lead nurse and regarding the provider’s policies and procedures for the storage, administration and disposal of medicines and relevant staff training records. We also observed medicines being administered. We saw the medication administration records (MAR) for people

who used the service had been correctly completed by staff when they gave people their medicines. We also saw the MAR charts had been appropriately completed to show the date and time that people had received ‘when required’ medicines.

The clinical lead nurse told us that people had regular medication reviews. They were carried out in consultation with the local GP and ensured people’s prescribed medicines were appropriate for their current needs and condition. This was confirmed by a visiting GP who spoke of their confidence in the manager and staff team, the safe environment and the professional approach of the service in general. They told us “I visit many similar homes in the area and feel this is one of the better ones – if not the best. I would be happy for my mum to be here and would have no qualms about it.”

People were protected from avoidable harm as the provider had comprehensive safeguarding policies and procedures in place, including whistleblowing. We saw documentation was in place for identifying and dealing with any allegations of abuse. The whistleblowing policy meant staff could report any risks or concerns about practice in confidence with the provider. Staff had received relevant training, they had a good understanding of what constituted abuse and were aware of their responsibilities in relation to reporting such abuse. Staff told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Records showed that all staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon.

The provider operated a safe and robust recruitment procedure and we looked at a sample of three staff files, including recruitment records. We found appropriate procedures had been followed, including application forms with full employment history, experience information, eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government’s Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with people who use care and support services. Nurse

Is the service safe?

PIN numbers were regularly checked by the provider. All nurses and midwives who practise in the UK must be on

the Nursing and Midwifery Council (NMC) register and are given a unique identifying number called a PIN. These checks help ensure the protection of people and assist employers in making safer recruitment decisions.

Is the service effective?

Our findings

The service ensured the needs of people were consistently met by competent staff who were sufficiently trained and experienced to meet people's needs effectively. People and relatives spoke positively about the service and told us they had no concerns about the care and support provided. We also spoke to people and their relatives about the staff. One person told us "They're fantastic and do a wonderful job – I don't know what we'd do without them." A relative told us "The staff are very approachable and I like the way they take the time to speak with the residents."

Staff said they had received an effective induction programme, which included getting to know the home's policies and procedures and daily routines. They also spent time shadowing more experienced colleagues, until they were deemed competent and felt confident to work unsupervised. Staff also spoke of the benefit of training and regular supervision and told us they felt "valued" and "supported" by the manager and deputy manager. One member of staff told us "Training is important and gives you an understanding of what you're doing and, hopefully, the skills and confidence to do it effectively. We are encouraged to spend time with the residents. That's why we're here – for them." Another member of staff told us "It's so important that people are happy here, and if I can make them happy, I'm doing a good job."

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager was aware of the process and fully understood when an application should be made and how to submit one. Where people lacked the mental capacity to make decisions the service was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests. The manager told us that to ensure the service acted in people's best interests, they maintained regular contact with social workers, health professionals, relatives and advocates. Following individual assessments, the manager had made DoLS applications to the local authority, for six people. We saw that the appropriate authorisations were in place for two people and the manager was waiting for decisions regarding the other four applications.

Staff had received training on the MCA and DoLS and had an understanding of the importance of acting in a person's

best interests and protecting their rights. They were aware of the need to involve others in decisions when people lacked the capacity to make a decision for themselves. This ensured that any decisions made on behalf of a person who lived at the home would be made in their best interests. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks. During lunchtime, we saw examples of this with staff asking people before fitting aprons or, where necessary, discreetly supporting them with eating.

We observed lunch being served in the main dining room. The rooms had circular tables all laid with linen tablecloths, glasses, cutlery, condiments and flowers. The chef dished up each plate taking note of his chart on people's individual requirements. The food was homemade with fresh vegetables. We saw that staff sat down alongside individuals who required support and chatted as they helped with the meal. People were positive about the quality and quantity of food provided and they confirmed there was always a choice at each meal, which reflected individual preferences. Comments we received included "Meals are very good, there's always plenty and they offer you more if you want."; "They change it if you don't like it and there are very good choices." and "Meals here are the best I've ever had." Staff were aware of the importance of good hydration and during the inspection we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was provided throughout the day. Food and fluid charts were in place, as necessary.

In the afternoon we spoke with head chef who had been working at the home for 15 years. He confirmed that he oversaw a group of five care homes and spent one or two days a week at Wellcross Grange. He told us he operated a four week rolling menu, with seasonal variations and used locally sourced food where possible. He said that any suggested changes to the menu were reviewed and discussed at the residents meetings. Supper always had soup and sandwiches on the menu as well as variations on finger foods. He also described the popular 'celebration' days, throughout the year, when the menus were related to the occasion – such as Royal Ascot or the Queen's Jubilee.

People were supported to maintain good health. The manager confirmed that three local GPs visited Wellcross

Is the service effective?

Grange on a weekly basis and that the policy, on admission, was to keep an individual with their existing doctor, if logistically possible. They told us “Unless someone moves here from out of area, they always stay with their own GP.” No issues were raised by people or their relatives regarding access to a GP or other health professional. Care records indicated that people had regular access to healthcare professionals, such as GPs, speech and language therapists, podiatrists and dentists and had attended appointments, as necessary regarding their health needs.

Care plans we looked at demonstrated that whenever necessary, referrals had been made to appropriate health professionals. Staff confirmed that, should someone’s condition deteriorate, they would immediately inform the manager or person in charge. We saw that, where appropriate, people were supported to attend health appointments in the community. Individual care plans contained records of all such appointments as well as any visits healthcare professionals.

Is the service caring?

Our findings

People and their relatives spoke positively about the “caring environment” and the helpful and friendly attitude of the staff. They told us they had the opportunity to be involved in individual care planning and staff treated them with compassion, kindness, dignity and respect. One person told us “The staff here are excellent, so kind and caring.” One relative described how their father was “always freshly washed and shaved and well dressed.” Other comments we received included “Staff are very kind, they look after me well,” “Staff are very friendly” “The staff are delightful and caring.”

These views were reinforced by a visiting GP, who also commented on the end of life care provided at Wellcross Grange. They told us “The staff are all very caring and respectful in their dealings with residents. One of my patients, who was terminally ill, was here for several months receiving palliative care. She was nursed in bed, always made comfortable and with no sign of any pressure sores. Whenever I saw her she was always spotless and I really couldn’t fault the care that she received.”

The atmosphere throughout the home was calm and friendly. As the weather was warm and sunny, the doors and windows were open and people were encouraged and asked if they wanted to go outside. During the course of the day we saw several people taking advantage of the lovely weather and walking, occasionally accompanied by a member of staff, feeding the ducks on the pond. Or simply sitting out in the pleasant, secluded gardens. We observed positive and respectful interaction between people and members of staff and saw people were happy and relaxed with staff and comfortable in their surroundings.

Throughout the inspection we saw and heard staff speak with and respond to people in a calm, considerate and respectful manner. We observed staff speaking politely with people calling them by their preferred names, patiently waiting for and listening to the response and checking that the person had heard and understood what they were saying. We also saw staff knocking on people’s doors and waiting before entering. In other examples of the

consideration and respect people received, we saw that people wore clothing that was clean and appropriate for the time of year and they were dressed in a way that maintained their dignity.

Staff demonstrated a strong commitment to providing compassionate care. The manager told us people were treated as individuals and supported and enabled to be “as independent as they want to be.” A member of staff told us that people were encouraged and supported to make decisions and choices about all aspects of daily living and these choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved people, as far as possible, in making decisions about their care, treatment and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend reviews. They said they were kept well-informed and were made welcome whenever they visited.

The manager and staff recognised that dignity in dementia care also involved providing people with choice and control. Throughout the inspection, we observed people being given a variety of choices of what they would like to do, where they would like to spend time and empowered to make their own decisions. People told us they that they were free to do very much what they wanted throughout the day. They said they could choose what time they got up, when they went to bed and how and where to spend their day. We saw that people were encouraged and supported to join in with the various activities offered or, should they prefer, to spend quiet time on their own. One person told us they went to the nearby Catholic church each Sunday, another said that they enjoyed reading and the staff brought them books in.

We saw people’s wishes in respect of their religious and cultural needs were respected by staff who supported them. Within individual care plans, we also saw personal and sensitive end of life plans, which were written in the first person and clearly showed the person’s involvement in them. They included details of their religion, their next of kin or advocate, where they wished to spend their final days and what sort of funeral they wanted.

Is the service responsive?

Our findings

At the last inspection, the provider was in breach of Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010, (corresponding to Regulation 9 HSCA (RA Regulations 2014)) in relation to inconsistent recording and reviewing of care plans and a lack of personalised care and activities. During this inspection we found improvements had been made and the provider was no longer in breach.

Staff worked closely with individuals to help ensure that their care, treatment and support was personalised and reflected their assessed needs and identified preferences. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and how they liked things to be done. One person told us “The staff are wonderful. They know what I like to do and they help me do it.” Relatives were also positive about the care and support provided and said it was enhanced by how well the staff knew people, their likes and dislikes and their routines. One relative told us “They know I come each day at a particular time and he is always ready in his wheelchair for me to take him out.”

People told us they were happy and comfortable with their rooms and we saw rooms were individual with personal possessions, photographs and memorabilia. Throughout the day we observed friendly, good natured conversations in the communal areas. For people interested in current affairs, there was a daily newspaper on a stand, making it easier to read, alongside several local magazines. We also saw there was a dedicated, dynamic and clearly very popular, activities co-ordinator, who was highly regarded by people in the home, their relatives and staff. On the day of the inspection we saw people were receiving hand massages in the lounge and in the afternoon, potting up plants for display outside in the garden. People told us that they also enjoyed the musical events, the trips out to the garden centres - and the hairdresser.

We spoke with the activities co-ordinator, who had been at the home for five years. They described how they get to know new people and what they are interested in. They told us “After introducing myself, we get chatting and I start to create a personal profile and then the individual activity plan. Although this can take time and I don’t rush, as often you get more from someone if they feel they know me.” They said that each day she delivered the post to people and helped them with their mail. This gave them an

opportunity to chat with them and see if there was anything in particular they wanted to do. They said that sometimes they would stay and play dominos or get them a book. They told us there was an activity schedule which included outdoor events, such as feeding the ducks and the horses, picking blackberries, planting flowers. They also organised music groups to come in and was looking for a new ‘therapy pet’.

We looked at a sample of files relating to the assessment and care planning for people. Each care plan had been developed from the individual assessment of their identified needs. We saw that people were assessed before they moved in to the service, to ensure their identified needs could be met. Plans were personalised to reflect people’s wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. Staff emphasised the importance of knowing and understanding people’s individual care and support needs so they could respond appropriately and meet those needs. Individual care plans we looked at were clearly indexed, making information readily accessible. They were easy to read and related the person’s identified needs with associated risk assessments and clear guidance for staff on how the care was to be delivered. We saw that plans were regularly reviewed to reflect any changes in a person’s condition or circumstances. The manager told us this helped ensure that people’s assessed needs were met and the care and support they received was consistent and was “what they want – and how they want it.”

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. Records indicated that comments, compliments and complaints were monitored and acted upon and we saw complaints had been handled and responded to appropriately and any changes and learning recorded. For example, we saw that, following a concern raised by a relative, a person had had their care plan reviewed and their support guidelines amended. Staff told us that, where necessary, they supported people to raise and discuss any concerns they might have. The manager showed us the complaints procedure and told us

Is the service responsive?

they welcomed people's views about the service. They said any concerns or complaints would be taken seriously and dealt with quickly and efficiently, ensuring wherever possible a satisfactory outcome for the complainant.

Is the service well-led?

Our findings

At the last inspection, the provider was in breach of Regulation 22 HSCA 2008 (Regulated Activities) (corresponding to Regulation 18 HSCA (RA) Regulations 2014 in relation to quality monitoring systems.. During this inspection we found improvements had been made and the provider was no longer in breach.

People, relatives and staff spoke highly of the manager and felt the home was well-led. We received many positive comments, such as “Very professional”; “Phenomenal”; “She is quietly in control”; “She gets 12 out of 10 from me” and “Thoughtful, efficient and does what she says.” We asked whether they would be happy to recommend Wellcross Grange to others, the resounding response from everyone we spoke with was “Yes.”

People also said they felt there was an “open and honest” culture throughout the home and they were encouraged to “speak up” and raise and discuss any issues or concerns they may have. They told us the manager was “very approachable” and “so easy to talk to.” Relatives/ and other visitors said that they were always made to feel welcome. Describing the atmosphere within the home, people and relatives were again very positive, with comments including “comfortable”, “Informal”, “friendly” and “immaculate.”

Relatives confirmed they were asked for their views about the service. They spoke positively about the level of communication and said they felt “well informed.”

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. They were also confident that they would be listened to, by the manager, and any issues acted upon, in line with the provider’s policy. Staff had confidence in the way the service was managed and described the manager as “approachable” and “very supportive.” We observed the manager engaging in a relaxed and friendly manner with people, who were clearly comfortable and open with them.

We discussed the culture and ethos of the service with the members of staff. One told us “We work well together as a team and support one another. And we’re all here for the residents.” Another member of staff told us “We’re quite cheerful and happy in our work – and that comes from the manager. Obviously a death can be very upsetting, particularly when you’ve known someone for years. But again, we look out for each other and the manager and other colleagues are always very supportive.”

The manager notified the Care Quality Commission of any significant events, as they are legally required to do. They promoted a good relationship with stakeholders. For example, the manager took part in reviews and best interest meetings with the local authority and health care professionals.

Quality assurance systems, including audits and satisfaction surveys, were in place to monitor the running and overall quality of the service and to identify any shortfalls and improvements necessary. Through regular audits, providers can compare what is actually done against best practice guidelines and policies and procedures. This enables them to put in place corrective actions to improve the performances of individuals and systems.

There were systems in place to record and monitor accidents and incidents. We reviewed these and found entries included details of the incident or accident, details of what happened and any injuries sustained. The manager told us they monitored and analysed incidents and accidents to look for any emerging trends or themes. Where actions arising had been identified, recording demonstrated where it was followed up and implemented. For example, following an accident we were able to see the actions that had been taken and how the on-going risk to this person was reduced.