

Welland House Care Centre Limited

Welland House Care Centre

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 ●

Summary of findings

Overall summary

This inspection site visit took place on 18 December 2017 and was unannounced.

Welland House Care Centre 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.

Welland House Care Centre accommodates up to 51 people in one adapted building, with areas for people to spend time together or more privately as they choose. Accommodation and care is provided to older people, including those living with dementia. There were 44 people living at the home at the time of our inspection.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

People were supported to stay as safe as possible by staff who understood what actions to take to reduce risks to their well-being. This included reducing risks to people's physical health and mental well-being. People, their relatives and staff were confident if they had any concerns for people's safety the registered manager would put plans in place to help them. There was enough staff to meet people's care needs. We have made a recommendation about the way staff were deployed as there were occasions where people did not consistently benefit from the opportunity to chat with staff. The registered manager told us they would follow this recommendation.

People could rely on trained and competent staff supporting them to have the medicines they needed to remain well and free from pain. People benefited from living in a home where there were systems in place to reduce the risk of infections and staff knew what action to take to care for people if they experienced any infections. Checks on the environment were undertaken and systems for identifying if there was any learning after safety incidents were in place.

Staff considered people's care needs and involved people who knew them well before people came to live at the home, so they could be sure they could meet people's needs. Staff had received the training they required so people would be supported by staff with the skills needed to help them. People were supported to choose what they wanted to eat and to obtain care from other health and social care professionals so they would remain well. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had developed caring relationships with the staff who supported them and showed us they liked the staff who cared for them. Staff communicated with people in the ways they preferred and encouraged them to make their own day to day decisions about their care. People received care from staff who took action to promote their dignity and independence. We made a recommendation about the way people's information

was stored, so their privacy and confidentiality was further enhanced. The registered manager took immediate action to follow our recommendation.

People's care had been planned by taking their individual wishes, histories and needs into account. People's care plans incorporated advice provided by other health and social care professionals, so they would receive the care they needed in the ways they preferred. Staff checked if people's needs were changing, and planned and provided their care taking any changes into account. Systems were in place to respond to any concerns or complaints and to incorporate any learning into care subsequently provided.

People told us they liked living at the home and found the home was managed well. Relatives and health and social care professionals told us the culture at the home was open. The staff at the home had received compliments about the way care was provided. The registered manager had supported staff to understand how they were expected to care for people. The registered manager and provider checked people received the care they wanted, so they would be assured people enjoyed a good quality of life and risks to their safety were reduced.

The registered manager listened to the views of people, their relatives and staff when developing people's care and the home further. This helped to ensure people had the equipment they needed and opportunities to continue to do things they enjoyed as their needs changed. The registered manager planned further work with other health and social care professionals, so people would benefit from living in a home where staff further developed their caring skills and experience.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Welland House Care Centre

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.

This was a comprehensive, unannounced inspection which took place on 19 December 2017. The inspection was undertaken by two inspectors.

As part of the inspection we reviewed the information we held about the service and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We requested information about the home from the Healthwatch, the local authority and the Clinical Commissioning Group, (CCG). Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. The local authority and CCG have responsibility for funding people who used the service and monitoring its safety and quality.

The provider had sent us a Provider Information Return before the inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spent time with people in the communal areas of the home and saw how staff supported the people they cared for. We spoke with six people who lived at the home and one person's relative. We also spoke with a health professional who regularly supported people living at the home and one person's social worker.

We talked with the registered manager of the home and the provider's representative. We talked with six care staff members, a senior staff member, a catering staff member and physiotherapist staff member.

We checked a range of documents and written records. These included four people's care records, details of actions staff took to help to monitor and promote peoples safety and meet their care needs, and records of

people's medicines. We saw records which showed us how people's rights were promoted and how the staff responded to any complaints made. Staff training records and three staff recruitment files and staff rotas were also checked. In addition, we saw the checks made by the registered manager and provider so they could be assured people were receiving the care required.

Is the service safe?

Our findings

We saw people were confident to ask staff for help with their safety when they wanted this. One person told us how staff supported them to move around the home safely and said, "They [staff] will do anything to help you." Two other people told us about their safety needs and said they could rely on staff providing the care they needed to stay as safe as possible. The relative we spoke with was positive about the way their family member's safety needs were managed.

Staff knew how to support people if they were at risk of harm or abuse. This included raising any concerns they may have with the registered manager or external organisations with responsibility for promoting people's safety. Staff were confident if they raised any concerns the registered manager would take action to help to protect people.

People told us staff understood risks to their safety and took action to care for them. Staff we spoke with gave us examples of the people's risks. These included risk to their skin health, risk of experiencing pain and from falls and from choking. One staff member explained how people who experienced a number of risks around eating and drinking were supported by staff who knew their safety needs well. One temporary staff member explained they were provided with information on people's risks and safety needs when they first came to work at the home, so they so they would know how to meet the person's safety needs.

We saw staff regularly checked if people needed assistance, and that staff responded promptly to people's safety needs when they needed immediate help. People's safety needs had been taken into account when their care was planned. This included planning in relation to people's mental health, equipment and sensory needs and risks in relation to the eating and drinking.

People said there was enough staff to care for people and meet their needs. One person told us, "I've never had to wait long for anything." People were supported by a mixture of permanent and temporary staff. The relative told us they were confident their family member's safety needs were met because of the way the staffing was organised. The relative said, "There's always some regular staff to guide temporary staff."

All the staff we spoke with told us there was enough staff to meet people's safety needs. One staff member gave us an example of when staffing had been increased in order to meet people's needs. We saw there was enough staff to care for people so their safety needs were met. Two members of staff said there were times when they were busy, such as mealtimes. We saw there were enough staff to provide care to people during mealtimes, but made a recommendation about the way staff were deployed, so people consistently had the opportunity to chat to staff. The registered manager told us they would follow the recommendation we made so people's mealtimes were consistently enhanced.

People were supported to have the medicines they needed to remain well, safely. One person told us, "You can rely on staff giving you your medicines." Staff gave us examples of how they support people to have the pain relief they wanted, safely. This also included the actions they took to care for some people who may not be able to ask for pain relief medicines. Staff were not allowed to administer people's medicines until

they had received training and their competency had been checked. We saw staff kept clear records of the medicines people had received and regular checks were made to ensure people had the medicines they required.

We saw senior staff checked people were supported in ways which reduced the chance of infections. Care and domestic staff members told us they were supported to help to reduce risks of infection through the equipment and processes in place. Staff we spoke with told us the equipment they needed to do this was always made available for them to use, such as aprons and gloves.

We saw the registered manager and provider had systems in place to manage and promote people's safety. The registered manager and provider checked on any incidents to see if any trends were developing. One staff member we spoke with gave us an example of how learning had been taken from one incident, and communicated to staff, so risks would be further reduced. The registered manager also undertook checks on the suitability of staff employed so risks to people's safety were further reduced.

Is the service effective?

Our findings

People we spoke with told us staff discussed the types of support and assistance they wanted before they moved into the home, with support from their relatives where people chose this. The relative we spoke with explained staff had checked what care their family member needed before they moved into the home. Records we saw showed us staff had taken into account advice from other professionals when considering if they could meet people's needs. We saw staff had found out how people liked their care to be provided, so people would receive the care they needed in the ways they preferred as soon as they came to live at the home. The registered manager said, "It's not about filling beds at all costs. We look at how people will get on with others when thinking about their care."

People told us staff knew how to help them. One person we spoke with highlighted how well they were supported by staff when receiving personal care. Another person told us, "They [staff] listen well, and know what to do." Staff told us the training they had received was linked to the needs of the people living at the home. One member of staff told us about the training they had done when they first started working at the home. The staff member said, "My induction helped me to get to know who they [people] like to be helped. It's about people's safety." We saw the registered manager had planned staff training so they could be sure people would be cared for by staff with the skills to provide good care.

People told us they enjoyed the food and drinks available. One person told us they really liked a particular meal and told us they had this regularly. The person told us, "There's always plenty to drink." The catering staff member gave us examples of how people's meals were prepared taking their preferences and allergies into account, so they would remain well.

One staff member explained that some people needed assistance with eating, or specific cutlery to help them to remain independent when eating. Another staff member explained how some people needed encouragement and special types of fluid, so their nutritional needs would be met, safely. We saw people were offered plated choices and staff assisted them to eat where they wanted this. We also saw people were encouraged to have enough to eat and drink to remain well.

People received the care they needed to manage their health and to have access to health specialists. One relative told us, "[Person's name] get to see his GP every week." Another person told us they had been supported to see the physiotherapist who was employed by the provider, and this had led to improvements in their health. Staff gave us examples of how they had supported people so their health and sensory needs would be met. This included support to see audiologists and opticians, and specialist advice from diabetes nurses. The health professional we spoke with told us staff contacted them with any concerns for people's health, between visits, so people would have the care they needed to enjoy the best health possible. Records showed us staff checked people's health and were regularly supported to see the health professionals.

People had access to a number of communal rooms to enjoy using. Some of these provided opportunities for people to spend time quietly if they preferred, so they were less anxious. We saw there were some

sensory objects for people's interest in communal areas. The registered manager gave us examples of how the building had been used flexibly, to help to ensure people enjoyed living at the home.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff we spoke with knew how important it was to ensure people had the right to make their own decisions, and to be supported to do this, where this was wanted. We saw staff had received training so they would know how to promote people's rights and had followed the processes necessary when depriving people of their liberty.

Is the service caring?

Our findings

People were very positive about the staff that supported them. One person said, "[Staff member's name] has a heart of gold, and delights in helping me." Another person told us, "They [staff] are all good; nothing is too much trouble for them." The relative told us, "[Person's name] has a banter and joke with staff. [Person's name] really enjoy this." Health and social care professionals told us staff had a kind and caring approach to the people they assisted.

Staff told us they were supported to find out what was important to people and to build caring relationships with them. One staff member said they often chatted with people about their previous lives. The staff member told us, "You ask them [people] themselves, you talk to them about what jobs they did." Another staff member explained not all people were able to tell them about themselves directly. The staff member said, "You ask relatives and see their life stories." We found staff knew the people they cared for well.

One person told us they really appreciated staff calling them by their preferred name, and told us staff always did this as they knew it was important to them. Staff gave us examples of the actions taken so people would know they were cared for. These included spending time with people doing things they enjoyed, such as painting their nails and talking with them about people who were important to them. The registered manager told us a number of staff came in to see residents to mark special events, in their own time, because of the bond staff had developed with the people they cared for. We saw that staff took time to acknowledge people and people smiled when they spoke with the staff who cared for them.

People told us they made their own day to day decisions about their care. One person told us they liked to spend most of their time, privately, in their own room, and said staff understood this. Another person told us they had made great friends with another person living at the home. The person told us they decided to spend their time together as they enjoyed this so much.

One staff member explained people made a lot of their own choices and said this included what they wanted to wear, what they wanted to eat and drink and what interesting things they wanted to do. Another staff member gave us an example of the support they gave to some people so they would be able to make their own choices. The registered manager gave us an example of the supported they had provided to one person who had sensory needs, so they could make their own choices. We saw where people needed reassurance and support to make some day to day decisions staff provided this.

People told us staff encouraged them to keep as independent as possible, including undertaking elements of their own personal care. Staff members gave us examples of the actions they took so people's right to dignity and privacy would be promoted. One staff member said, "You close curtains, and make sure people are covered." We made a recommendation about the way people's information was stored. This was acted on immediately by staff.

Is the service responsive?

Our findings

People told us they and their relatives' views were taken into account when people's care was planned. One person explained staff listened to their wishes and preferences and said as a result, "I get the care I need in my own way." Another person told us about the way their care had been arranged. The person said, "They [staff] listen and do things for you." The relative we spoke with explained they had made suggestions about interesting things for their family member to do. The family member told us their suggestions had been listened to.

Staff told us they were encouraged to make suggestions to develop people's care further. Two staff members explained there were regular opportunities to communicate suggestions and advise if people's needs were changing. One staff member highlighted how important it was to do this, so people would receive the care they wanted. The staff member told us, "You watch out for changes in people's preferences and needs."

We saw staff took action to assist people as their needs changed. For example, if people were anxious or indicated they felt ill or wanted items important to them to be provided by staff, staff responded promptly so people would have the reassurance they needed.

Staff understood how people liked to be cared for, their histories and their preferences. One member of temporary staff explained people's care needs and preferences were summarised, so they could easily see how people liked their care to be given. The temporary staff member also said they were supported by permanent staff, so they could be assured people were being offered the care they wanted, in the ways they preferred. Another staff member gave us an example of the way one person's care had been tailored to meet their needs. The staff member explained, "[Person's name] came in originally for just one day, but they liked the home so much they decided to stay the rest of the week."

Before the inspection, the registered manager had sent us some information about the way people's care was planned. The registered manager had told us they worked with other health and social care professionals so their suggestions and advice would be adopted when people's care was planned. This included plans of care for people at the end of their lives and short term care plans, so action would be taken to support people to have the care they needed. For example, if people were ill. We saw these additional plans had been put in place. People's care plans and risk assessment reflected their histories, needs and preferences, and had been regularly reviewed.

Some people enjoyed spending time reading, or chatting to other people living at the home. We saw people smile when staff encouraged people to be involved in things they might enjoy doing, such as listening to music. Staff gave us examples of things people enjoyed doing such as art and craft, gentle exercise and music therapy.

None of the people or the relative we spoke with had wanted to make any complaints about the care provided. People and the relative we spoke with told us this was because staff listened to any suggestions

they made for improving care further. Staff knew what actions to take to support people if they wished to make any complaints, or raise any concerns. We saw processes were in place to manage any complaints or concerns received. A health and social professional we spoke with was complementary about the approach taken by staff to resolve a concern, so any lessons would be learnt.

Is the service well-led?

Our findings

A registered manager was in post at the time of our 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 and the relative we spoke with were complimentary how the home was run and the care provided. One person told us how much they enjoyed living at the home because the way their care was organised and provided meant, "They [staff] are very kind and will do anything for you." Another person said they appreciated that senior staff regularly checked they were happy and well. The person said, "The manageress comes in every morning to see we are ok. She is so nice."

The relative we spoke with told us they found all the staff approachable and were comfortable to make any suggestions about the care their family member received. Staff were positive about the way the home was managed and told us they found the registered manager and senior staff approachable. Two staff member told us this helped to ensure people received the care they needed, because staff were encouraged to work as a team, for the benefit of the people living at the home.

Staff told us they were given clear direction on how they were to care for people. One staff member told us, "It's about seeing them [people] contented." The registered manager said, "We want residents have their needs met, to be happy and healthy. It's their home and we focus on the residents. We suit them; it's not about them suiting the service." We saw thank you cards received from relatives highlighted the quality of care provided and the compassionate way their family members had been cared for.

The relative, health and social care professionals and staff told us they were encouraged to make suggestions to develop the care people received further, and their suggestions were listened to. The relative said they had made suggestions for interesting things their family member might like to do. The relative told us they had the chance to do this at regular relatives' meetings. The relative said staff also asked for their suggestions at other times, and said, "[Registered manager's name] asks me for my views and this helps [person's name] to get the care they need." Minutes of relatives meetings showed relatives had made suggestions for interesting things for people to do and for improvements to the garden area, so people would have more opportunities to enjoy continuing former hobbies.

One staff member explained there were regular opportunities to make suggestions to develop the home and people's care further at one to one meetings with their manager and at regular staff meetings. The staff member gave us an example of a suggestion they had made so people with sensory needs would be supported. The staff member told us their suggestion had been listened to. Another staff member said, "[Registered manager's name] reflects on what we do. She talks to us about any incident or concerns and wants us to be team players, so people are well looked after. This means it's a pleasure working here." Temporary staff told us they felt supported to provide good care through one to one meetings with senior staff at the home.

One health and social care professional gave us an example of the way staff worked with other organisations so people's care would be developed further. This included plans to do undertake further training, jointly, so people would have the care they needed from staff with specialist skills to meet their needs.

Staff told us the care they provided to people was checked. One staff member said, "Seniors check and see if we have spent time with people." Another staff member told us, , "We see [registered manager's name] often. She spends time in different areas, so we see a lot of [registered manager's name]." The registered manager explained they also occasionally delivered care to people, and told us this gave them the opportunity to talk to people and staff and check on the care provided.

We saw the registered manager and provider regularly checked key areas of the care provided to people, so they could be assured people were provided with safe, care based on their need and wishes. As part of this, the registered manager checked people's medicines were managed safely, and the environment met people's needs. We saw information on the quality of the care provided and any incidents were regularly communicated with provider. The registered manager told us they had been supported by the provider to introduce a number of initiatives to the home. This included recruitment initiatives, so people would continue to benefit from living in a home where staff knew their needs well.