

Wellington Care (Somerset) Limited

Wellington and Longforth House

Inspection report

Longforth Road
Wellington
Somerset
TA21 8RH

Tel: 01823663667
Website: www.wellingtonhouse.net

Date of inspection visit:
19 May 2021

Date of publication:
21 June 2021

Ratings

Overall rating for this service

Good ●

Is the service safe?

Inspected but not rated

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Wellington and Longforth House is registered to provide accommodation with nursing or personal care, for up to 43 people. There were 41 people using the service at the time of our inspection. The service is in the town of Wellington.

The home is divided into two units, Longforth House and Wellington House. The Longforth unit supports people with a range of mental health needs. The Wellington unit supports older people with dementia and mental health needs. Each of these units has its own staff team, communal spaces and secure outside garden for people to use as they choose.

People's experience of using this service and what we found
Improvements had been made with the quality management systems at the home. The management team were responsive and where appropriate took swift action to address shortfalls. They had developed and improved their systems to provide people with quality care.

People and families were happy with the quality of care and leadership at the home. A relative said "Absolutely fabulous down there, extremely good during the difficult time we have been having. No complaints at all."

The provider made sure infection control processes helped keep people safe during the COVID-19 pandemic. The home was clean and there were PPE stations situated at several points throughout the home. The service was adapted to meet the needs of people living with dementia.

Staff understood the requirements of the Mental Capacity Act 2005. 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.

Staff received robust induction, training and supervision and had the skills and knowledge to deliver care effectively.

People had a pleasant dining experience and their nutritional needs were met.

There were effective channels of communication for the staff team. People had access to other health care professionals as needed.

People received person centred care and staff knew the people they were supporting well. Care plans identified the support people needed to communicate and how they preferred their care to be delivered.

Staff had supported people to maintain relationships that were important to them. People enjoyed a range of activities. People had completed a life history with staff, so staff could work to ensure people's interests

and individual social needs were met.

Systems were in place to monitor and respond to complaints.

Staff were positive about the home and the leadership of the management team. The registered manager understood their role and responsibilities in ensuring people received high quality care.

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 Requires Improvement (report published 24 October 2019) with one breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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.

Ratings from previous comprehensive inspections for the key questions we did not inspect were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wellington and Longforth House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

At our last inspection we rated this key question Good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Inspected but not rated

Is the service effective?

The service was effective.

Details are in our effective 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 ●

Wellington and Longforth 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.

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

Two inspectors and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Wellington and Longforth 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 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, this included notifications made by the service and concerns raised with the Care Quality Commission. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met the majority of people who lived at the home and spoke with five of them about their experience of the care provided. We also spoke with a relative visiting the home to ask them about their views of the service.

We spoke with ten members of staff including the registered manager, both unit leads, the administrator, the maintenance person, senior care workers and care workers. We also spoke with two agency staff working at the home to ask their views.

As most people were living with dementia, 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 six people's care records. We looked at a variety of records relating to the management of the service and reviewed policies and procedures.

After the inspection

We spoke with the nominated individual on the telephone to feedback our findings. We spoke with a relative on the telephone and sought feedback from the local authority and professionals who work with the service.

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. We have not changed the rating of this key question, as we have only looked at the infection control and prevention measures in place 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.

This meant people were safe and protected from avoidable harm.

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 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.

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 requires improvement. At this inspection this key question improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Pre-assessments were carried out, to ensure people's needs could be met before moving into the home. The assessment considered people's needs and choices and the support they required from staff, as well as any equipment which might be needed

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to deliver care effectively. The provider had improved training and systems for monitoring training to ensure staff were appropriately trained to meet people's needs.
- The registered manager had improved in house training and staff development. The registered manager and other senior staff had become more involved in delivering face to face training for staff. This meant they could tailor the content of training to help staff to meet the needs of people living at the service. For example, dementia training.
- A new online system for recording staff training had been introduced. This showed all training staff were required to complete and frequency of updates. The database was still in the process of being updated with existing training records but showed all staff were up to date with safeguarding and dementia training.
- Staff had been set a deadline of end of May 2021 to make sure all their training was up to date and were given a bonus to reward them for doing so. The system generated monthly reports, so the provider could monitor staff kept up to date with training.
- Staff had regular individual supervision meetings with senior staff, where they could seek individual support, discuss any concerns and identify learning needs. These included some themed supervision sessions to discuss particular care aspects such as medicines management and infection control. This helped make sure staff understood and were following the providers' policies and procedures.
- Staff new to care completed a period of induction and those new to care completed 'The Care Certificate'. They had opportunities to work alongside more experienced staff to get to know people and learn about their preferences and care needs.

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

- The management team had made changes to people's mealtime experience on the Wellington unit. This included a designated staff member to support people to have their breakfast when they got up. The management team said this had had a positive impact on people. The registered manager said, "People are eating better at lunchtime ... also freed up more time, having a designated person on breakfast."
- The registered manager told us they were using an external meal service to provide meals at the home. They said, "Good for people with complex nutritional needs... we were struggling with a varied diet for

specialist diets...it has been really good." People said they liked the meals, Comments included, "I enjoy the food" and "Very nice, it's the sort of food I would eat at home".

- We observed the lunchtime meal experience had also improved since our last inspection. People appeared relaxed, were offered choices regarding their meals, desserts or refreshments. Tables were laid with table clothes, serviettes, menus to inform people and baskets with condiments. Staff were organised and the atmosphere was calm.

- Care records included monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. Where people were identified as losing weight or having difficulty swallowing, staff had contacted people's GPs and Speech and Language Therapy (SALT).

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

- People's physical and mental healthcare needs were being well-monitored to recognise any signs of deteriorating health so action could be taken. The advice given by healthcare services was included in people's care plans and followed by staff.

- The provider used a computerised system which all staff could access. Staff were made aware of concerns and issues on this system. Staff received a handover when they arrived on shift to ensure information about people's changing needs was shared.

Adapting service, design, decoration to meet people's

- The service was adapted to meet the needs of people living with dementia. There were a variety of spaces, people could choose to spend time in, depending on whether they were feeling sociable or needed some quiet time. Walls and alcoves were made inviting and interesting for people living with dementia to enjoy and spend time in.

- In Wellington, themed sensory displays on corridor walls helped to capture people's interest and engage them in sensory activities. For example, displays had been created featuring everyday items such as handles, taps, telephone handsets. Further sensory displays were planned, for example, one on a motoring theme.

- Picture/symbol signage helped people to locate bathroom and toilet areas independently. A programme of refurbishment was underway to redecorate and replace carpets with vinyl floor. People had chosen the colour they wanted their bedroom door painted, which helped them recognise and find their room.

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.

- Where people could make decisions about the care they received, staff encouraged and supported people to be independent and offered choice in the care they provided.
- Care plans reflected the principles of the MCA and DoLS and appropriate applications to the local authority had been made where restrictions were in place.
- Staff had received training on the MCA and demonstrated a good understanding of the MCA and how this impacted on people they worked with.

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 requires improvement. At this inspection this key question improved to good. 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 received personalised care which took account of their needs, choices and goals. Their care plans on the provider's computerised system were reviewed frequently if people's needs changed.
- People's care plans were person centred and detailed. They contained very helpful and clear information about people. This meant their individual needs could be met. For example, information about likes, dislikes and what was important to people were included

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.

- Care records included the support people needed to communicate.
- The registered manager told us information could be provided in alternative formats if required.

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 were able to maintain relationships that were important to them. It had been difficult during lockdown, but staff had followed government guidance and facilitated visits as they were able.
- At the time of the inspection the registered manager was recruiting a new activity person for the Wellington unit. In the interim, staff were undertaking activities with people. They told us, "Some love colouring... I like going around and asking if they want their nails done" and "We do activities in the afternoon... always listen to music... sometimes smooth, opera music, we always ask the residents." The unit lead told us, "We/staff... took people out to things they enjoyed, to football and garden centres. Residents that couldn't go out, she would do things with them. Did things that people liked doing. We are doing our best while we are waiting (to appoint)."
- People had completed a life history with staff. This meant staff could work to ensure people's interests and individual social needs were met.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure. Written information about how to raise any concerns or offer comments and suggestions for improvement was displayed in the entrance area. People were regularly offered the opportunity to raise any concerns or complaints with actions taken in response.
- Since we last visited, the service had developed a complaints log, which provided an overview of any

concerns or complaints, the investigation and any improvements taken in the response.

- One complaint had been received since the last inspection that related to an external environmental concern. This had been investigated and responded to positively with additional steps taken to make the area safer and tidier

End of life care and support

- At the time of our inspection, the service was not supporting anyone who required end of life care. Staff told us about a person who had passed away recently. They had involved relevant healthcare professionals such as GPs and district nurses. They had ensured appropriate medicines were available to manage their pain and promote their dignity.

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 requires improvement. At this inspection this key question improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At the last inspection quality monitoring systems were not robust enough to demonstrate good governance. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of regulation 17.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- Changes that had been implemented after our last inspection by the registered manager and senior management team and provided robust oversight. One of the unit leads said, "We looked at what we did, and we carry on looking at moving forward. So many more things we can still do".
- Audits and feedback from staff and people were used to ensure people received a good quality service with an emphasis on improvement.
- People lived in a home where there was a staff structure which made sure there were always senior staff available to them. This also meant there were senior staff to offer guidance and advice to less experienced staff.
- People and families were happy with the leadership at the home. A relative said, "The staff appear clean, mum appears clean and well cared for. The girl on the desk is really helpful. If I ring, I normally speak to a senior carer." A relative wrote, '(person) is looked after and cared for by management and staff that do a fantastic job.'
- Improvements in quality monitoring systems had been made. These were effectively used to identify shortfalls and drive improvements. For example, cleanliness and to highlight environmental improvements needed.
- Regular audits were carried out, for example, on medicines management, infection control and on health and safety. An improvement action plan to identified and monitored actions taken in response.
- Regular checks of the environment and servicing and maintenance of equipment was carried out to identify and minimise environmental risks.
- The provider worked closely with the registered manager. They undertook monthly quality monitoring audits and kept in regular contact with staff.
- Monthly monitoring of accidents/incidents were used to identify any themes or trends needing further action to reduce risk. For example, accident reports showed people were more likely to have falls and

accidents later in the day. In response, staffing levels were maintained at similar levels throughout the day. This meant staff spent more time with people in the evenings, which helped reduce falls and accidents.

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

- The management team and provider promoted a positive culture within the home. People and families reported positively on the standard of care provided at the service. People said, "I can't fault them, they are so kind. Everybody is really nice and helpful. They will do anything to help you." A relative wrote, 'Knowing the person is well looked gives us great piece of mind.'
- Family members and representatives supporting people living with dementia were partners in people's care. They had access to people's electronic care records, so could contribute background information about person's life history, interests and preferences. They could also check on the person's health and wellbeing and monitor decisions agreed with staff had been implemented.
- The service used a model of care that promotes people to have as much independence as possible.
- The registered manager had an 'open door' policy. Staff dropped in throughout the day to speak with them, to seek advice, discuss concerns and update them on any changes.
- The registered manager worked closely with the house leads and other senior staff to promote person centred care, which was focused on people's individual needs. They spent time daily in each area of the home, so they could keep up to date with people and support staff with their day to day work.
- Staff had daily handover meetings, where each person's care was discussed, so they were aware of people's changing needs.

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

- Where mistakes were made, the registered manager was open and honest with people and families and made improvements. A relative wrote, 'We are more than happy with the actions and skills of the staff, when there have been incidents we have always been informed and included in future actions.'
- Staff were encouraged to challenge any practice concerns in confidence. Where any concerns about staff skills, performance attitudes or performance were identified, these were dealt with in accordance with the provider's policies and procedures.
- The registered manager notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.

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

- People were consulted and involved in day to day decisions about the running of the home. Residents meetings were held regularly in Longforth, with smaller group meetings in Wellington, involving two or three people, which was more suitable for them. Areas discussed included menu choices and suggested activities.
- A survey of people and relatives was underway. Responses received so far were positive. People feedback included, 'All the staff are lovely,' 'I feel supported' and 'Very happy, homely.' Relatives said, 'Thank you again for all the care and compassion you all provide,' and 'Very impressed, you are doing all you can to make (person) comfortable and happy.'
- Staff were consulted and involved in decision making with regular meetings, staff handover and individual supervision. Recent minutes of staff meetings showed a discussion about a person's mental health, with positive progress reported, following advice from the mental health team. Also, a discussion about staff training.

Continuous learning and improving care; Working in partnership with others

- Staff were encouraged to develop further qualifications and skills relevant to their work. The registered manager worked with a local college to support apprenticeships in care. This also helped encourage the recruitment and support of new care staff.
- The registered manager undertook coaching with senior staff to encourage them to develop their skills and experience. Staff were encouraged to take on lead roles and undertake further qualifications as part of their career development. For example, a member of staff was undergoing a business development qualification. Another member of staff was learning how to complete the monthly environment audit and develop an action plan setting out improvements planned in response.
- People lived in a home where staff worked in partnership with health, social care professionals and family members to make sure people received the care and support they needed. For example, local GP's, community nurses and social workers.