

Solor Care (South West) Ltd

# Wey House Nursing Home

## Inspection report

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### Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement** 

Is the service well-led?

**Good** 

# Summary of findings

## Overall summary

### About the service

Wey House Nursing Home is a care home registered to provide personal and nursing care to up to 31 people. The home specialises in the care of people who have acquired brain injuries and neurological conditions. At the time of the inspection there were 27 people living at the home which included two people in hospital.

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

People felt safe at the home and appeared relaxed and comfortable with the staff who cared for them. People's relatives were all satisfied with the care provided at Wey House. All said they would recommend the home.

Staff assessed risks to people and took action to help people to minimise these risks. However, we have recommended that the provider reviews these assessments to make sure they are robust and effective.

People lived in a home where they were struggling to recruit staff. However, the provider had assessed what was a safe staffing level and numbers did not fall below this. This meant that although people were kept safe, they did not always have access to the level of activities and social stimulation they were used to. The provider was working to improve this situation.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff assessed any risks to people's health and wellbeing, and these were mitigated.

People were supported by staff who were following good infection control practices which helped to minimise risk to people. The staff were following COVID-19 Government guidelines regarding visitors to make sure people were able to stay in touch with friends and family.

People received their medicines safely from trained nurses and senior staff who had undertaken specific training to carry out the task. The staff worked in partnership with other professionals to make sure people's healthcare needs were met.

There was no registered manager at the home, but the provider had put management arrangements in place to maintain the smooth day to day running of the home.

There were systems in place to monitor the quality of care and plan ongoing improvements.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was Good. (Report published October 2018)

### Why we inspected

The inspection was prompted in part due to concerns received about staffing. A decision was made for us to inspect and examine those risks.

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.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Safe sections of this full report.

Because our concerns were about people's safety in relation to staffing levels, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed from 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 Wey House Nursing Home on our website at [www.cqc.org.uk](http://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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service well-led?

**Good** ●

The service was well-led.

Details are in our well-Led findings below.

# Wey House Nursing Home

## 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

The inspection was carried out by three inspectors. Following the inspection an Expert by Experience made telephone calls to relatives of people who lived at the home. 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

Wey House Nursing Home 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 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. The provider had arrangements in place to maintain the day to day management of the home. A new manager had been appointed but not yet started work.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We looked at all the information we had received from and about the service.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We received feedback from two healthcare professionals who had contact with the home.

We used all of this information to plan our inspection.

During the inspection

We spoke with 12 people who lived at the home. We also spoke with 14 members of staff which included members of the management team, care staff and ancillary staff. We spoke with three relatives of people on the telephone.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with four people to tell us their experience. We also carried out multiple observations throughout the inspection to capture peoples' experiences.

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 looked at a number of records relating to people's individual care and the running of the home. These included four people's care and support plans, two staff recruitment files, a sample of medication records, the home's action plan and copies of staff meeting minutes.

After the inspection

We asked the operations manager to send a number of records to us electronically after the inspection. These were received in a timely manner.

# 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 changed 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.

### Staffing and recruitment

This inspection was prompted by concerns raised with us regarding staffing levels in the home. During the inspection we did not find that staffing levels had an impact on the physical safety of people. However, we did find there was some impact on people's social and emotional well-being.

- People were supported by adequate numbers of staff to meet their physical needs. The provider had a contingency plan which ensured staff numbers did not fall below what was assessed to be a safe level. Agency staff were used when needed and some staff worked additional hours to maintain the assessed safe level.
- During the COVID-19 pandemic the provider had struggled to recruit new staff which meant people did not always receive the level of support they were used to. This reflected a national picture in the social care sector. One person told us that staff shortages had resulted in them not being able to go out as much as they would like to. Staff said that the COVID-19 pandemic had also had an impact on people's ability to go out as much as previously. One relative commented that the low staffing levels had meant their relative was not always able to visit them.
- We found that although people's physical needs were being met safely, there was limited social stimulation for people on the day of the inspection. Two activity staff were employed but due to the staffing situation they were both working some care shifts. This meant there were times when there were no dedicated staff to support people with social activities. However, records provided showed that in house activities, and some trips out, were continuing. All relatives spoken with felt that activities were good. One relative said their relative enjoyed a number of activities. They commented that staff sent photographs which showed how much the person was enjoying various experiences.
- People were supported by a staff team who were committed to providing safe care. One member of staff said, "Staffing is a struggle, but we pull together as a team. We never go below our safe level."
- People's health care needs were monitored and met because there was always a trained nurse on duty. One person said, "There's always a nurse here. They do the tablets and you can talk to them."
- Risks to people were minimised because the provider had a robust recruitment process. This made sure that all new staff were appropriately checked to make sure they had the skills and character required to work with people. Staff files seen gave evidence of a safe recruitment process.

### Systems and processes to safeguard people from the risk of abuse

- People felt safe at the home and with the staff who supported them. One person said, "I feel safe because

the staff are always kind." Another person told us, "It was frightening when I first came but I feel safe now." People who were unable to express their views to us verbally, looked relaxed and calm with the staff who cared for them.

- People lived in a home where the staff were committed to people feeling safe. One person expressed, through alternative communication, that they did not always feel safe. We passed this information to the deputy manager who assured us they would explore this further.
- Relatives spoken with were confident that their loved ones were safe and well cared for at Wey House. One relative told us, "My relative is in safe Hands. She loves it there." Another commented, "Oh Lord yes she is in safe hands."
- Risks of abuse to people were minimised because staff knew how to recognise and report concerns. Staff had received training about abuse and were confident that any allegations made would be taken seriously and fully investigated.
- The provider was open and transparent and worked with other agencies where appropriate. Action had been taken to make sure people were kept safe where concerns had been reported to the management team.

#### Assessing risk, safety monitoring and management

- Risks to people were assessed and measures were put in place to minimise risks. However, some risk assessments we viewed did not reach a conclusion about the level of risk identified. It was therefore difficult to see why actions had been taken.

We recommend that the provider reviews individual risk assessments to make sure they are appropriate and meaningful and therefore promote people's safety.

- People's clinical needs were assessed, and trained nurses made sure risks to people's health were monitored and minimised. This included making sure people had the equipment they required to minimise the risk of pressure damage. A relative told us about a person's complex healthcare needs and commented, "My relative is well monitored."
- People were supported using equipment which was regularly checked and serviced. There were regular internal checks on equipment such as bedrails and fire detecting equipment. Outside contractors carried out servicing and maintenance on a regular basis. This helped to ensure equipment was safe for people and staff to use.

#### Using medicines safely

- People's medicines were safely managed. Processes were in place for the timely ordering and supply of medicines. Medicine administration records (MAR) indicated people received their medicines regularly and as prescribed. There were no recording gaps which meant we were assured medicines had been administered. Handwritten entries on the MAR charts had been signed by two staff in line with the providers policy.
- There were suitable arrangements for storing and disposal of medicines, including medicines requiring extra security. This included medicines stored in locked medicine cupboards in people's rooms. Daily temperature checks were undertaken to ensure medicines in these cupboards were stored at the correct temperature.
- People received their medicines safely because staff administering medicines had received training to support their responsibilities in dispensing medicines. They had their competency regularly reviewed. One person told us, "I know I get the right tablets because I always count them."



- Staff administering medicines wore a red tabard reminding people not to disturb them, to minimize the risk of making a medicine error.
- Staff were observed taking time supporting people with their medicines. They told the person the medicines they were being given and asked them if they required any pain relief. They ensured the person had a drink and stayed until the medicines had been taken.
- Recent photograph identification of people was in place on the medicine records. This helped to minimize the risks of medicines being given to the wrong person.
- There were protocols in place for administering PRN (as required) medicines. This helped to ensure people received these medicines in a consistent way which enabled their effectiveness to be monitored.
- Regular medicine monitoring checks were carried out by the management team.

#### 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.

#### Learning lessons when things go wrong

- People could be confident that lessons were learnt, and changes made, when things went wrong. This had included seeking medical assistance following incidents and sharing changes to practice at team meetings.
- The staff used situations to learn and make improvements. For example, following a practice evacuation of the home the staff made some changes. This included ensuring blankets were available at the exit to keep warm in poor weather.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- People lived in a home where there was no registered manager. The last registered manager left in July 2021. The provider had ensured there were adequate management arrangements in place in the absence of a registered manager. A new manager had been appointed and was due to start work in the New Year.
- The provider had systems to monitor the quality of care and plan improvements. There was an action plan for the home which was monitored by the providers' operations manager. This helped to ensure that shortfalls identified were addressed and continuous improvements were implemented.
- In addition to a system of in-house audits, the provider had a quality team who carried out full audits. The last quality team internal audit was carried out in May and June 2021 and demonstrated a high level of compliance in all areas.
- Although the provider had systems to monitor overall standards, they did not always have oversight of people's individual care and needs. For example, the provider did not have oversight of weight records or individual risk assessments. This meant they could not easily monitor concerns about people. Following the inspection, the operations manager discussed this with the staff team and said they would also be raising it with the provider's quality development team.
- People were cared for by a provider who assessed risk and took action to try to address. For example, there was a business continuity plan which set out safe staffing levels and the provider was actively trying to recruit new staff. They had attended a job fair and offered 'Welcome back' bonuses and 'Refer a friend' payments.
- People could be confident that in the case of an emergency staff would be able to take appropriate action. In addition to safe staffing, the business continuity plan gave comprehensive guidelines for staff to follow in a number of emergency situations, such as a loss of power or water.

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

- People were satisfied with the care and support they received. One person told us, "On the whole I'm very happy here." Another person said, "It's alright, everyone gets on together and staff know what they are doing." All relatives we spoke with said they would recommend the home.
- Staff demonstrated an excellent knowledge of the people they cared for and provided physical support to people in a person-centred way. However, they did not always use opportunities to engage with people

when not carrying out a task. For example, one person's care plan stated, 'Ensure always kept busy.' We saw this person spent the morning sat in the lounge with minimal staff interaction or occupation. Staff were available in the lounge but did not use their time to interact with people in a way that was responsive to their individual needs or provided social stimulation. The area manager told us they would monitor this.

- On the day of the inspection there was a calm and relaxed atmosphere at the home. However, staff and relatives commented there was usually a more lively atmosphere and sense of fun. One relative said, "I would recommend Wey House because it's a very happy place." Activity records seen showed activity staff usually supported people with a range of activities according to their interests.
- People told us they felt included and able to make choices. One person said, "I feel at home. It is my home." Another person said, "You can more or less do what you like."
- Relatives and people praised the staff, especially for their hard work during the pandemic. One relative told us that during the time when relatives had been unable to visit, "They (staff) have been mum, dad, brother and sister to all the residents."

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 was open and transparent when things went wrong. They worked with other appropriate authorities and carried out full investigations when concerns were raised. The minutes of a recent staff meeting demonstrated the management team were open with staff and requested that any issues were taken to them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Staff felt there was good communication within the home. Some staff commented that throughout the pandemic they felt they had been kept up to date with all guidance to support their safety and the safety of people. There were regular staff meetings which helped to keep staff up to date with any changes and enabled them to make suggestions.
- People's family and friends were welcomed into the home in accordance with Government guidelines. People were also supported to visit family members. One person told us how much they enjoyed seeing friends and family. This all helped people to stay connected to their social contacts.
- Some relatives said they felt involved in their relative's care and had opportunities to discuss care at reviews and felt listened to.
- People lived in a home where there were good working arrangements with other services owned by the same provider. This included having nominated places where people could go in the event of an emergency, such as a fire, and staff support from other homes.
- The staff had good links with the local medical surgery and a GP carried out fortnightly clinics in addition to responding to more acute illnesses. People were also supported to attend medical appointments outside the home. One relative said, "They work well with other health professionals."