

Davard Care Homes Limited

Welshwood Manor

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Welshwood Manor is a residential care home providing accommodation and personal care for up to 34 people, including people living with a physical disability. At the time of the inspection, 26 people were living at the service. Welshwood Manor is in a residential area of Colchester, in 1 adapted building set out over 2 floors.

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

People received safe care and treatment from staff who knew them well and understood their needs, including how to manage and reduce known risks. Staff had received training in safeguarding and health and safety. There were sufficient staff deployed across the service to meet people's needs and ensure their safety and safe recruitment practice was used when new staff were employed. Medicines were managed safely and people received their prescribed medicines when they needed. Infection prevention and control measures were used, to reduce the risk of cross contamination. Incidents were reviewed and analysed to consider what lessons could be learnt to reduce further risks and ensure improvements in service delivery were made.

The service was well-led and focused on providing person-centred care for people. The management team were visible and involved in providing care and clearly knew people well. Systems were in place to regularly monitor the service provided. Staff felt supported by the registered manager and their thoughts on the service were sought. People, their relatives and staff engaged in how the service was run through meetings, the use of surveys and day to day conversations with the registered manager and the staff team. There was a strong emphasis on continuous improvement and development of the service. The registered manager worked in partnership with others to make sure people received appropriate safe care and support.

The provider and registered manager operated effective governance systems to ensure the quality, safety and improvement of people's care. Regular audits were undertaken of all aspects of the service to review the quality of care and identify where improvements were needed.

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (2 February 2023) and there were breaches 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.

Please see the safe and well led sections of this full report.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. 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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was 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.

Welshwood Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 17, good governance, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 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 service was inspected by 2 inspectors.

Service and service type

Welshwood Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Welshwood Manor is a 'care home' without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced. Inspection activity started on 17 April 2023 and ended on 26 April 2023. We visited the service on 19 and 24 April 2023.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed. We spoke to 5 staff members and the registered manager. We observed the care provided to help us understand the experience of all people.

Following the inspection, we continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure risks related to medicines were appropriately managed or to do all that was reasonable to mitigate risks to service users to ensure they were safe at all times. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our previous inspection, issues were found around the safe management of medicines, how medicines were administered and peoples medicine records. At this inspection, improvements had been made and people received their medicines in a safe way, as prescribed for them.
- Peoples medicine records contained person centred details about how they liked to take their medicines and included guidance for staff on how to support and encourage people with their medicine.
- Staff had been trained in administering medicines and their competence regularly checked. We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- We found there had been a review of how medicines errors were managed. Medicine records had been audited regularly and where errors had occurred, these had been reviewed and action taken to prevent the likelihood of reoccurrence.

Assessing risk, safety monitoring and management

- At our previous inspection, the provider had not always ensured the risk to safety was managed well. At this inspection, we found risks associated with peoples care and wellbeing was regularly assessed and appropriate action taken to ensure the risks were managed and people were safe.
- People's personal emergency evacuation plans (PEEPs) were in place, outlining the support people would need to evacuate the building in an emergency. Appropriate fire safety checks had been completed and all fire equipment had been regularly serviced. Staff had received training and knew how to correctly respond if the fire alarm sounded.
- Assessments of risk had been undertaken for each person's individual health, social and personal care needs and included support for people to manage the risks relating to skin breakdown, mobility and catheter care.
- The environment was well maintained and any repairs or faults were reported and acted upon. Equipment and utilities were regularly checked and serviced to ensure peoples safety.

Systems and processes to safeguard people from the risk of abuse

- People were safe from harm. Staff understood their responsibility to respond appropriately where abuse was suspected. They were able to demonstrate an understanding of the different types of abuse and were confident the registered manager would act to address any safeguarding concerns.
- One staff member told us, "We get full training on safeguarding so no excuse not to know it or recognise it."
- People told us they felt safe. Comments included, "Absolutely marvelous here. I feel very safe and the staff know me well," and, "The staff make sure I am safe and know what I need to make sure I stay safe."
- One relative told us, "[Name] is extremely safe with the staff here. I have a very easy relationship with the registered manager. I am here every day and I have no concerns talking to them or the deputy manager."
- The registered manager understood their responsibilities in relation to safeguarding. They had raised appropriate safeguarding referrals with the local authority and CQC as required.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to meet people's needs. We observed people were assisted when needed and call bells were answered in a timely manner.
- People and their relatives told us there were enough staff. Comments included, "Staff always pop in and out to check all is ok or to ask if I need anything. Always stop for a chat. Its lovely," and, "Staff here are so kind to me, nothing is too much trouble for them."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. A range of checks were undertaken before staff started employment such as, appropriate references were sought and Disclosure and Barring service (DBS) checks
- DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was facilitating visits for people living at Welshwood Manor in accordance with the current government guidance.

Learning lessons when things go wrong

- During the inspection we reviewed the accident and incident log. The registered manager had a system to record accidents and incidents and we saw appropriate action had been taken where necessary.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff.
- Discussions with staff showed there had been learning following incidents. One staff member told us, "In our team meetings we have reflective practice and shared learning. [Registered manager] is always up for ideas to improve the service."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has now 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.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served.

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

At our last inspection the provider had failed to have effective systems in place to monitor the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager understood the importance of their role and responsibilities and demonstrated a commitment to providing good care for people using the service, providing support to staff, and ensuring compliance with regulatory requirements.
- Care staff, and other staff related to this service, had a clear understanding of their roles and how they each contributed to the safe running of the service. One staff member told us, "We are a really good team and we all get on well with each other. I feel I could tell my colleague directly if there was something they were not doing right and we would work at making it better."
- Quality management systems were effective and with registered manager oversight of the service were used to identify shortfalls and reduce risk to people. These included audits of medicines, daily notes, care plans, staff hand over sheets and the environment. Any issues identified resulted in an action plan so they could be addressed.
- Audits were completed at regular intervals and included an analysis of the information to monitor trends and make improvements.

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; Continuous learning and improving care

- The provider was aware of their legal responsibilities to be open and honest, and we saw from records the registered manager had informed relatives if accidents or incidents had occurred.
- The registered manager had processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and

to assure them that their concerns were acted on.

- People, relatives and staff all told us they felt able to raise concerns with the registered manager and we saw records of regular meetings and supervisions. One relative told us, "Since [Name] has been the registered manager here, the service has been consistently great."
- The registered manager told us where incidents had occurred they were reviewed and lessons learnt shared with staff at regular team meetings. This was evidenced on review of the meeting minutes.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and their relatives were regularly asked for their views, so the service could continually improve. People told us they could share their perspective and say how they wanted the home to operate.
- One relative told us, "I have no negative comments. I walk in here and it feels like I'm at home."
- Staff told us they enjoyed working at the service and felt valued. Comments included, "I always feel so happy here and I'm fond of all the residents," and, "[Registered manager] is really supportive. We get offered different opportunities all the time."
- The registered manager spoke passionately about providing person centred care to people to promote their independence and valuing people as individuals. This was evidenced in the care records reviewed, which were detailed and person centred.

Working in partnership with others

- The provider worked effectively in partnership with the local GP practice and other healthcare professionals. For example, a nurse practitioner attended the service on a weekly basis to undertake any clinical needs of the people and to complete medication reviews when necessary.
- People had been referred in a timely manner when a specific health or social care need had been identified, such as the speech and language therapy team [SALT]. Recommendations from external healthcare professionals were implemented as required.