Waterlooville Care Limited

Wellington Vale Care Home

Inspection report

Darnel Road
Waterloovile
Hampshire
PO7 7TY

Date of inspection visit:
30 August 2017
31 August 2017

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26 October 2017

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 took place on 30 and 31 August 2017 and was unannounced.

Wellington Vale Care Home provides care and support for up to 80 people, some of whom may be living with dementia. At the time of our inspection there were 24 people using the service.

The home was in the process of applying for the general manager to become the registered manager. 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.

Before our inspection we received information of concern telling us Wellington Vale Care Home did not have sufficient staffing deployed to keep people safe. During our inspection we found this to be an accurate view and told the general manager and the provider's improvement was required. They acknowledged our findings and provided us with detailed examples of the work they had been doing to make improvements including the recruitment of additional staff.

The provider had systems in place to respond and manage safeguarding matters and make sure that safeguarding alerts were raised with other agencies.

People who were able to talk with us said that they felt safe in the home; and if they had any concerns they were confident these would be quickly addressed by the staff or manager

Assessments were in place to identify risks that may be involved when meeting people's needs. Staff were aware of people's individual risks and were able to tell us of the strategies in place to keep people safe.

Staff knew each person well and had a good knowledge of the needs of people, especially those people who were living with dementia.

Medicines were stored and administered safely. Clear and accurate medicines records were maintained. Training records showed that staff had completed training in a range of areas that reflected their job role.

Staff received supervision and appraisals were on-going, providing them with appropriate support to carry out their roles.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. At the time of our inspection applications had been submitted by the managing authority (care home) to the supervisory body (local authority) and had yet to be authorised. The manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

The food menus offered variety and choice. They provided people with nutritious and a well-balanced diets. The chef prepared meals to meet people's specialist dietary needs.

People were involved in their care planning, and staff supported people with health care appointments and visits from health care professionals. Care plans were amended to show any changes, and care plans were routinely reviewed to check they were up to date.

People were treated with kindness. Staff were patient and encouraged people to do what they could for themselves. Staff encouraged people to make their own choices.

People knew who to talk to if they had a complaint. Complaints were passed on to the manager and recorded to make sure prompt action was taken and lessons were learned which led to improvement in the service.

People's needs were fully assessed with them before they moved to the home to make sure that staff could meet their needs. Assessments were reviewed with the person their relatives and where appropriate other health and social care professionals.

People were encouraged to take part in activities and leisure pursuits of their choice, and to go out into the community as they wished.

People spoke positively about the way the home was run. The management team and staff understood their respective roles and responsibilities. The general manager was approachable and understanding to both the people in the home and staff who supported them.

There were effective systems in place to monitor and improve the quality of the service provided. We saw that various audits had been undertaken.

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. The home did not have sufficient numbers of suitably skilled and competent staff deployed at all times to keep people safe.

Risk assessments contained detailed guidance on how to respond to risks associated with people's care needs. Staff understood how to identify and report any safeguarding concerns.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medicines safely.

Is the service effective?

Good

The service was effective. Staff had received robust training and on-going development to support them in their role. They had received an effective induction and strong on-going development that related to people's needs.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements and plans in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were fully involved in deciding what they wanted to eat and drink. Healthy eating and menu planning was regularly reviewed with input from people using the service.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback from relatives and people told us that Wellington Vale Care Home provided good care. Care plans were personalised and provided detail about people's hobbies and interests

The provider was passionate about developing and promoting dementia awareness within the local community.

Is the service responsive?

Good

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issued raised were dealt with in good time.

People were provided with a range of activities.

Is the service well-led?

Good

The service was well-led.

Good leadership was seen at all levels. Relatives told us the senior staff and manager was approachable and took any concerns raised seriously.

The provider had robust quality assurance systems in place to support and drive improvement.

The culture within the home was open, supportive and friendly.

Wellington Vale Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 inspection took place on 30 and 31 August 2017 and was unannounced.

The inspection team consisted of two inspectors, two experts by experience and a pharmacist inspector.

During our visit we spoke with the general manager, the operations director, 12 members of staff, 11 relatives, four healthcare professionals and 18 people. We also spoke with six people's friends.

We pathway tracked four people using the service. This is when we follow a person's experience through the service and get their views on the care they received. We looked at staff duty rosters, six staff files, staff training records, quality assurance documents, team meeting records, supervision and appraisal records, checked the providers recruitment practices, reviewed policies and procedures relating to medication, health and safety, reporting of incidents and checked decision making processes.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

This was Wellington Vale Care Home's first inspection.

Requires Improvement

Is the service safe?

Our findings

Relatives, friends and healthcare professionals told us they felt people received safe care, one person said, "I've only just arrived but the whole ambience of this place makes you feel safe, it's being surrounded by good people. I can get up when I like, go to bed when I like." A relative said, "I spoke with the manager about a few things and I felt really reassured. We know how to report any concerns we have"

The provider did not have sufficient staff deployed at all times to keep people safe. People and relatives consistently told us staffing was a problem. Comments included, "There isn't enough staff. Many times there have only been two staff on the floor" and "There's a resident who needs two members of staff to lift with a hoist, that takes time, if they're doing that and my mum has a fall, because she's very determined and tries to get up on her own, what happens then?" With no staff present we observed one person falling to the floor in the lounge area after they attempted to walk to the table to get their cup of tea. As no staff were present we immediately intervened to check the person was safe. Despite trying to find a staff member we could not locate anyone in any of the communal areas on the top floor or in the office. We then went to the ground floor and told the general manager who acted promptly. A relative said, "Staffing is an issue but I hear they are getting new staff next week". The general manager acknowledged staffing was an area that required improvement and told us they had recently recruited additional care staff who were scheduled to start on the 4 September 2017. They said, "(Staff member) should have asked another member of staff to attend the lounge whilst they supported (Person) to the toilet". The provider sent us various records which showed a 'lessons learnt' session had been conducted with the various staff members who were working on that particular floor. We also saw documentation to support new staff had been appointed and were due to start work. The provider had employed regular bank staff in the short term to cover whilst new staff were being recruited.

The service had rigorous processes for reporting any incidents of actual or potential abuse. Staff were fully aware of their responsibilities for recognising and reporting abuse, and for reporting any poor practice by colleagues. We were given examples of issues appropriately raised by staff and were told senior staff were very supportive. We saw from our records that the service notified the Commission of all safeguarding incidents and other agencies, such as the local authority safeguarding team in a timely manner. The provider had an up to date safeguarding policy. This detailed what staff should do if they suspected abuse.

Staff who administered medicines had completed training and underwent competency assessments. Medicines were kept safely in a locked cabinet in a medicines room. The temperature of the cabinets used for storing medicines was monitored daily. Storing medicines within recommended temperatures is important as this ensures they are safe to use and remain effective. There were protocols in place for the use of 'as required' or PRN medicines. We reviewed three people's medicines administration record (MAR). These contained sufficient information to ensure the safe administration of medicines. Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD's). The CD's in the service were stored securely and records were accurately maintained. The provider had safe arrangements in place to store these drugs.

During our inspection we found the home was clean and free from odours. The home had effective systems in place to ensure that the home maintained good hygienic levels and that the risk of infection was minimised. Equipment used to mobilise people safely for example, wheelchairs, hoists and hoist slings were well maintained and checked regularly to ensure they were safe to use and fit for purpose.

Risk assessments were in place for all people living at the home. Staff told us that, where risks were identified, measures were put in place to ensure the risk was safely managed. For example, we saw that people who were cared for in bed had easy and direct access to an alarm call bell. The level and frequency of observations of these people by staff were increased accordingly. We saw from the staff observation records that these welfare checks had been made frequently and were recorded accurately and in a timely manner. There were various health and safety checks carried out to make sure the building and systems within the home were maintained and serviced as required to make sure people were protected. These included regular checks of the environment, fire safety, gas and electric systems. Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Safe recruitment processes were in place. Staff files contained all of the information required under Schedule 3 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Application forms had been completed and recorded the applicant's employment history, the names of two employment referees and any relevant training. There was also a statement that confirmed the person did not have any criminal convictions that might make them unsuitable for the post. We saw a Disclosure and Barring Service (DBS) check had been obtained before people commenced work at the home. The Disclosure and Barring Service carry out checks on individuals who intend to work with children and adults, to help employers make safer recruitment decisions.

Good

Is the service effective?

Our findings

People told us they enjoyed the meals on offer and told us any healthcare concerns were managed promptly and with support from the appropriate healthcare professionals. One person said, "I see the nurse from the leg clinic, she comes round and says hello and checks me over". A relative said, "We have been back and forward to the hospital at various times. The staff are good at keeping me up to date and they are pretty good at spotting things quickly". One person said, "The food is five star in here, it's like a restaurant" and "I can have anything to eat or drink whenever I want it".

Staff told us they received effective training, support and supervision. Comments from staff included, "I have done the care certificate", "I have done safeguarding, manual handling, infection control and I have supervisions with my line manager" Another member of staff said, "If I ever need anything I can go and speak with any manager, they are all pretty good here".

Staff were supported in their role and had been through the provider's own induction programme. This involved attending training sessions and shadowing other staff. The induction programme embraced the 15 standards that are set out in the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life. There was an on-going programme of development to make sure that all staff were up to date with required training subjects. These included health and safety, fire awareness, moving and handling, emergency first aid, infection control, safeguarding and food hygiene. Specialist training had been provided to staff. For example, dementia awareness. This meant that staff had the training and specialist skills and knowledge that they needed to support people effectively. We regularly observed staff applying their skills and knowledge effectively when they supported people who were living with dementia, for example, during games and when speaking with people and lunch and dinner.

There was a consistent approach to supervision and appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff received regular one to one supervision, annual appraisal and on-going support from the manager. This provided staff with the opportunity to discuss their responsibilities and the care of people living at the home. Records of supervisions detailed discussions and there were plans in place to schedule appointments for the supervision meetings. Staff had annual appraisals of their work performance and a formal opportunity to review their training and development needs. A member of staff said, "Since the new manager has come in we (staff) all feel a bit better and feel the home will become stronger, the supervisions and support is fine".

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People's mental capacity had been assessed and taken into consideration when planning their care needs. The MCA contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about the requirements of the Act and told us they gained

consent from people before they provided personal care. Staff were able to describe the principles of the Act and tell us the times when a best interest decision may be appropriate.

Where people lacked capacity, assessments were in place that clearly identified people's capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. Where family members had the legal rights to make decisions regarding the care of their relative, documents were held at the home to evidence this. For example Power of Attorney (PoA). A PoA is a written document that gives someone else legal authority to make decisions on your behalf. Copies of those documents where relevant were kept in people's personal records which were kept securely in the administration office.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. Some people were unable to understand risks to their safety and that they were not safe to go out without support from staff. Appropriate applications had been submitted to ensure that people were only deprived of their liberty when it was necessary to protect them from harm. The service and general manager had complied with the principles of the MCA and DoLS. Peoples care plans showed they were involved in decisions about their care and treatment. Their consent had been discussed and agreed in a range of areas including receiving medicines and support. Staff were knowledgeable about the importance of obtaining people's consent regarding their care and treatment in other areas of their lives.

Food was presented very well and people had a choice over their diet and nutrition. Lunch was served in the dining rooms and was relaxed; some people ate in their rooms and were seen to be enjoying their meals. We observed people could at any time ask for food and they were offered a choice of something to eat, things like toasted teacakes, croissants, toast, biscuits, they could have, within reason, what they wanted. Tea and cold drinks were continuously available at request and there scheduled drink times too, so no-one was forgotten; and, for example, a coffee morning was programmed in to coincide with the morning entertainment to make it a more sociable occasion. Lunch was a choice of salmon gratin or sausages and mashed potato. A dish of each was plated up and shown to people and they were given a choice. Staff told us if people didn't want that meal they could request something else. Relatives and people we spoke with confirmed this.

Appropriate timely referrals had been made to health professionals for assessment, treatment and advice where required. These included for example, GP's, dentists and opticians. Records indicated people saw consultants via outpatient's appointments, accompanied by staff, and had annual health checks. Each person had a health action plan which detailed their health care needs and who would be involved in meeting them. This helped to provide staff with guidance, information about timings for appointments and instructions from professionals

Good

Is the service caring?

Our findings

Relatives, healthcare professionals and visitors told us people were treated with compassion and dignity. One person said, "I'm still getting to know the staff but from what I've experienced I'm very happy indeed. They're very kind and find time to talk to you. A relative said, "There is no doubt the staff are very caring and patient" and "We can always speak to one of the members of staff and get updates and they keep us informed of anything that is going on. Another relative said, "They are very accommodating and they never lose patience. The attitude and approach is excellent, there is total respect. We wouldn't want to go anywhere else." A healthcare professional said, "Each time we visit the home we are always very warmly welcomed and the staff are compassionate and kind".

People were relaxed and comfortable, and staff knew people's needs well and were seen laughing and joking with them, which better enabled them to meet individual needs. People's rooms were personalised with their belongings from their previous home. Staff could be seen knocking on doors and respecting their privacy and dignity. Rooms and the home were clean and tidy and the décor well kept. Visitors were able to help themselves to drinks from the kitchen and felt comfortable doing so. The home was lively with lots of visitors and engagement with people.

The provider was extremely proactive in supporting people in the local community who were living with dementia. To reduce social isolation and provide respite for relatives and people in their own home, the provider's admissions advisor had worked in conjunction with a local health centre to create a dementia film club in the home. The film club opened in January 2017, showing popular films from the 1940's and 50's including Seven Brides for Seven Brothers and Calamity Jane. The club runs once a month and is now at capacity. Tea, coffee, popcorn and sandwiches are included for a small donation. The homes admissions advisor told us the club had a very positive impact on people's life and said people living with health problems and their relatives were able to share stories, obtain support from each other and provide guidance about how to help. They told us their aim was, "To provide an environment where people can talk and share experiences, which occurs in the 1-hour session post film" Comments from relatives and people who attend the club include, "It's a wonderful opportunity to relax, have fun, make friends and support each other".

The provider was innovative in promoting dementia awareness in the local community. With support and agreement from local businesses and city councils, Wellington Vale was running a campaign for Denmead to become a recognised dementia friendly village. The admissions advisor commented, "As a dementia champion, I can make people dementia aware, but this campaign looks to address on a wider scale making Denmead a dementia friendly village, by setting up and championing regular dementia friendly sessions with the local amenities and businesses" and "Hopefully make the village a safer place for people to live with dementia, possibly staying in their homes for longer". Each member of staff we spoke with was extremely proud and passionate to tell us about the care and support they provided to people who were living with dementia. We observed staff playing memory games with people and drawing pictures to help stimulation. People enjoyed the activity and told us they were happy.

The home had worked in partnership with the NHS to set up a leg ulcer clinic which was located in the home. This provided the district nurses with a clinical area to operate from. A member of staff commented, "We wanted to address the concern of isolation within the community". The leg ulcer clinic operated twice a week and the district nurses were available to provide elements of nursing care for people in the home and provide advice to care staff and management. A member of staff commented, "When clinic is open, the nurses will also see our residents to dress their legs and chat to them about prevention / cleaning etc. There is also a plan for the nurses to provide on-going training to our staff in tissue viability".

Good

Is the service responsive?

Our findings

People and relatives told us they were satisfied with the care provided. A relative said, "I've had to make a complaint about the laundry when they lost some of mum blouses. They are going to reimburse and that's fine. Otherwise it's an excellent service. I've made sure that all mum's clothes are clearly marked with her name and room number. Hopefully that's a complete one-off". Another relative said, "I couldn't cope anymore and it is a relief for me that she [his wife] is safe in here. There's always someone around. She's up and down all the time, she doesn't sit still sometimes, and I sleep now knowing she's here. She has her own room, she's watched over and the floor is protected". A friend of one person said, "It's heart-breaking to see my friend in here but she needs to be safe and it is absolutely lovely here. Everything is designed to make it homely and inviting."

People were encouraged to partake in activities. During our inspection we observed people playing bingo. For winners they received person centred prizes such as bubble bath for one person who was on a diet and chocolates for a man who enjoys dark chocolate. A relative said, "There is always something going on either up here or downstairs. The activities co-coordinator is brilliant. She gets everyone involved". Another relative said, "(Person) has a book of memories and the carers spend time going through it with her, she loves that." In one communal area we observed a member of staff placing a bucket in the centre of where everyone was sitting and we saw that all the residents in the lounge were encouraged to participate in a ball game. Everyone was cheering the other on, visitors were also encouraging the residents, there was much cheering and clapping. Everyone had three tries of throwing the ball into the bucket. Some were successful, some not but no one was left feeling rejected. In another area of the home we observed staff singing and dancing to music and encouraging people to take part. People enjoyed the activity and music located in other areas of the home was age appropriate.

Care records included needs assessments, risk assessments and care plans. Initial assessments included the person's medical history and a life history these contained details of the person's education, employment, marital status, holidays / interests and pets. There was a photograph of the person, details of any known allergies and of their family relationships. Any risks that were identified during the assessment process were recorded in risk assessments that detailed the identified risk and the action that needed to be taken to minimise the risk.

Assessment and risk assessment information had been incorporated into an individual plan of care. Topics covered in care plans included eating and drinking, continence, mobility, personal hygiene / dressing, skin care / pressure relief, health needs (including medication), communication, pain and detail about preferred social activities. People and relatives told us that the service they received was flexible and based on the care and support they wanted. One relative said, "I have been involved in all the paperwork and I feel it is to a good standard". People's individual assessments and care plans were reviewed with their participation or their representatives' involvement. Care plans had been updated to reflect any changes to ensure continuity of their care and support. Updates had been made when people's medicines or health needs had changed. One relative told us, "I have chats on the phone and I have regular conversations with the manager about any changes that happen".

The provider kept a complaints record. People and relatives told us they knew how and who to raise a concern or complaint with. The complaints procedure gave people timescales for action and who in the organisation to contact. People told us that if they were unhappy they would not hesitate in speaking with the general manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff. Complaints had been appropriately investigated and by the general manager. Relatives and staff were familiar with the provider's complaints procedure and they all said they would speak to the general manager directly." One relative said, "If I thought a complaint was warranted I'd have no hesitation in making one. This isn't cheap; I only want the best for my wife. I made a complaint earlier on about short staff and that was acted on I'm satisfied and also the manager has told me more staff are being recruited. They're listening."

Good

Is the service well-led?

Our findings

Staff and relatives told us the recruitment of the new manager had helped improve continuity in the home and felt the service was developing in the right direction. A relative said, "The new manager seems very nice indeed. She's the third one since my wife came in here. It did slip a bit after the first one left but I think this new one is going to be good, she's certainly got a grip on getting more staff and keeping us informed I feel very confident with her". A member of staff said, "I feel the management in the home is really good, very supportive and calm under pressure. They give good advice and support". Another staff member said, "The managers are happy to provide care if needed, we see them coming out to help sometimes".

As part of the providers drive to continuously improve standards they regularly conducted audits to identify areas of improvement. These included checking the management of medicines, risk assessments, care plans, DoLS, mental capacity assessments and health and safety. They evaluated these audits and created action plans which described how the required improvements would be achieved. We asked for a variety of records and documents during our inspection, including people's care plans and other documents relating to people's care and support. We found that these were well kept, easily accessible and stored securely. The policies and procedures had been updated to reflect the CQC's key lines of enquiries.

Any accidents and incidents were investigated to make sure that any causes were identified and action was taken to minimise any risk of reoccurrence. Records showed that appropriate and timely action had been taken to protect people. This was evident in how the general manager and the provider responded after we observed one person having a fall. Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed CQC of significant events in a timely way by submitting the required 'notifications'. This meant we could check that appropriate action had been taken.

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, they could approach the local authority or the Care Quality Commission if they felt it necessary. A member of staff said, "We would come to CQC if needed"

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. Staff interacted with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection. Staff spoke to people in a kind and friendly way. We saw many positive interactions between the staff and people who lived in the home. All the staff we spoke with told us they thought the home was well managed. They told us that they felt well supported by the registered manager and provider and said that they enjoyed working in the home.