Weavers Care Home

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 31 August and 1 September 2016. The first day of our visit was unannounced.

The Weavers Care Home is a residential home which provides care and accommodation for older people, and people who live with dementia. The home provides care for a maximum of 28 people. At the time of our visit there were 27 people who lived at the home.

The service had a 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.

At our previous inspection in October 2014, we found the home had not sent us the notifications of deaths, and incidents and accidents they were required to. We also found that people who did not have capacity and who had been deprived of their liberty had not been authorised to do so by the local authority. This meant the home had breached the regulations. Since our last inspection visit, the registered manager ensured we had been notified as required, and had taken the necessary action to request authorisation of people's deprivation of liberty from the local authority.

Staff and people understood safeguarding policies and procedures. Staff followed people's individual risk assessments to ensure they minimised any identified risks to people's health and social care.

Checks were mostly carried out prior to staff starting work at the service to reduce the risk of employing unsuitable staff. There were enough staff on duty to keep people safe, and staff had received suitable training to help them meet people's needs effectively.

Medicines were mostly administered safely to people, and people had good access to health care professionals when required.

People enjoyed activities within the home, and were supported to take part in hobbies or activities that interested them such as going out to the pub, knitting, singing and arts and crafts.

People received care and support which was tailored to their individual needs. They could choose their meals and enjoyed the food provided, and where needed, were given good support to eat and drink.

Staff were motivated to work with people who lived at The Weavers Care Home. People and staff enjoyed good relationships with each other which were supportive, friendly, and caring.

The registered manager and provider were open and accessible to both people and staff. There were sufficient informal and formal monitoring systems to ensure quality of service was maintained. Some of the

formal systems had not been carried out but this had not compromised the quality of care provided.

People and their relatives knew how to complain, although there had been no formal complaints since 2013.

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.

There were enough staff to keep people safe and staff knew how to safeguard people from abuse. Staff recruitment processes reduced the risks of employing unsuitable staff. Staff knew how to manage the risks related to people's health and well-being. Medicines were mostly managed safely.

Is the service effective?

Good

The service was effective.

Staff had been trained to support the needs of people who lived at The Weavers Care Home. They understood and worked within the principles of the Mental Capacity Act 2005. People enjoyed their meals and the choices provided. People's healthcare needs were met.

Is the service caring?

Good

The service was caring.

Staff had a good understanding of people's needs, and had positive, supportive relationships with people who lived at the home. People's dignity, privacy and human rights were respected by staff. Visitors were welcomed, and the home supported people to maintain relationships with people who mattered to them.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. They had good opportunities to follow their interests and take part in social activities. People decided how they wanted to live their lives. There had been no formal complaints made, but informal concerns had been dealt with quickly by the registered manager.

Is the service well-led?

Good

The service was well-led.

The home's leadership promoted an open and fair culture, where people, relatives and staff were encouraged to share their views and opinions on a daily basis. The registered manager and provider understood their responsibilities and worked hard to provide good care to the people who lived at the home.

Weavers 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 31 August and 1 September 2016. The first day of our visit was unannounced.

One inspector and an expert-by-experience conducted this 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.

We looked at information received from statutory notifications the provider had sent to us, and contacted commissioners of the service. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority or the NHS. The local authority commissioners did not have concerns about this service.

We spoke with four people who lived at the home, five relatives, four care staff, the maintenance worker, chef, activities worker, the registered manager and the provider. We also spent time with people and staff, observing how staff engaged with people who lived in the home.

We reviewed four people's care plans to see how their care and support was planned and delivered and a sample of people's medicine administration records. We looked at other records related to people's care such as daily records, incident and accident records and DoLS documentation. We also looked at staff recruitment records and checks management took to assure themselves that people received a good quality service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe at Weavers Care Home. Relatives told us that security at the home was good and the property was well-maintained to support people's safety.

There were enough staff to provide safe care to people. A person who had complex needs told us they were supported by a team of staff they were familiar with, and told us, "They do a great job and they have very few agency staff."

The registered manager told us they made sure staffing levels reflected the needs of people who lived in the home. They said the level of need was at the lowest it had been for 12 months, but if this changed there would be no problem increasing staffing levels to meet the need. The day shift did not end until 9.30pm to ensure there were enough staff to support people who required assistance getting ready for bed.

The registered manager's views were echoed by care staff. All staff said there were enough staff both during the day and night to support people with their care. One said, "We are never left short staffed. They have a system which ensures there is always an adequate amount of staff – everything gets done, and not under pressure." We saw staff supported people when they required it. Staff were always available in the main communal area of the home where those with more complex needs preferred to be during the day.

Earlier this year we had been notified by the registered manager that a person's needs had very quickly become extremely complex. We saw the registered manager had worked very hard to ensure the safety of the person by working alongside other healthcare professionals. To support the safety of other people who lived at Weavers Care Home, the registered manager increased the number of staff on duty until the person could move to a service which could give them more specialised care.

People were protected by the registered manager's recruitment practices. The registered manager checked staff were of good character before they started working at the home. They interviewed each person and assessed whether they were suitable to work at The Weavers. The registered manager checked whether the Disclosure and Barring Service (DBS) had any information about new staff. The DBS is a national agency that keeps records of criminal convictions. The registered manager made sure that references from previous employers were returned before the prospective staff member started work at the home.

Reference checks had recently been delegated to the provider. We found one member of staff, whilst having had their check from the DBS returned, had recently started work at the home before the requested references from their previous employers had been returned. The registered manager was not aware of this. They immediately contacted the referees who confirmed the worker was suitable to work at the home.

The administration of medicines was managed safely and people received the medicines prescribed to them. During our visit we saw the senior care worker administered medicines to people at the time the medicine was prescribed for them. The care records gave detailed information about each person's medication, the reasons they were prescribed and any risks staff needed to be aware of. The storage of

medicines was safe but medicines that required stricter controls were not stored in a cabinet which met the Misuse of Drugs regulations. They were stored in a safe in a locked cabinet. The provider was not aware this did not meet the regulations and immediately ordered a cabinet which did.

We looked at two Medicine Administration Records. We found a recent discrepancy between the recording of one of the 'as required' medicines and the number of tablets available. The record provided confusing information about the administration of the medicine, although nothing that meant the person was at risk. The senior care worker told us this discrepancy would have been identified when they undertook their weekly audit of medicines. Weekly audits of medicines and the registered manager's monthly audit of medicines supported the safe management of medicines in the home. Medicines with a shortened shelf life once opened had the date of opening recorded on them. This ensured staff were aware of the length of time they could be used and continue to be effective. We also saw that people who were given their medicines 'in disguise' (covertly); had this agreed with the GP and pharmacist as a 'best interest' decision.

People were safe and protected from the risks of abuse because staff understood their responsibilities and the actions they should take if they had any concerns about people's safety. Staff knew they had to report any concerns to the senior on duty; and it was the manager's responsibility to report any safeguarding concerns to the appropriate safeguarding authority. The registered manager notified us when there had been any concerns raised about the safety of people. They followed up their notifications with information about the outcomes of any investigations or staff disciplinary action so we could be sure they had been managed appropriately.

Accidents and incidents were logged and appropriate action taken at the time to support the individual. The provider had recently introduced an incident tracking form to determine whether there were any trends or themes in incidents which occurred.

At our last inspection we were concerned that written risk assessments about the risks to people's individual health and wellbeing did not provide an accurate and up to date picture of people's risks. We were also concerned that the assessment 'tools' used were those the registered manager had designed as opposed to nationally recognised assessment tools which all care workers and healthcare professionals could recognise.

During this inspection we saw risk assessments were up to date and gave staff a clear understanding of the risks people had, how to minimise them, and the equipment required to reduce risks. For example, a person at risk of skin damage had a 'propad' mattress (a mattress put over the top of a conventional mattress which distributes the weight of the person to reduce the risk of one area of skin having too much pressure) in place and a pressure cushion to reduce the pressure on their skin whilst they sat down. People at risk of falls had mats placed by their beds to alert staff if they were moving around so they could check to make sure they were safe.

Nationally recognised risk assessment tools were used and up to date. For example, a nationally recognised tool for pressure care was used to determine the risk a person had of developing pressure ulcers. Appropriate action had been taken dependent on the level of risk identified.

Staff had a good understanding of people's risks and systems were in place to remind staff of how to minimise them. For example, in each person's room there was a coloured picture of the equipment staff needed to use to mobilise people, alongside written information about the equipment, and how it should be used safely.

Since our last visit, the registered manager had been pro-active with risk management. To reduce people's risks of skin damage, staff had received "React to Red" training provided by tissue viability nurses. This was training to help staff identify early warning signs of skin damage and the action they needed to take. Also, since our last visit, two staff had become the home's 'champions' in infection control and pressure care, to ensure staff worked to safe standards in these areas.

The premises and equipment were safe for people to use. Maintenance checks on equipment used by people such as hoists, and fire equipment were undertaken by external contractors within the expected timescales. The maintenance worker undertook all other maintenance work in the home. They had a weekly and monthly maintenance schedule and told us they had enough time, and good resources to do their work. They also carried out various safety checks to ensure people lived in a safe environment. These included water temperature and legionella checks.

Records showed personal emergency evacuation plans (PEEP's) were in place for each person. They gave clear instructions about the assistance people would need to safely evacuate the building in the event of an emergency. The plans had been regularly reviewed and updated. Staff knew the procedure for evacuating the building; and there were contingency plans if people could not return to the home after evacuation.

Good

Is the service effective?

Our findings

At our last inspection in October 2014, the home was in breach of Regulation 11. This was because the provider had not met the requirements of the Mental Capacity Act, and Deprivation of Liberty Safeguards.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA), and whether any conditions on authorisations to deprive a person of their liberty were being met. 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.

During this inspection we found people's capacity had been assessed where it was believed that a person did not have the capacity to consent to a specific decision, and staff understood when decisions needed to be taken in the person's best interest.

Staff had received training to understand the Mental Capacity Act. One staff member told us people could only be considered as not having capacity if it had been assessed that they did not have capacity. They said this involved people having memory tests and the involvement of other healthcare professionals. They talked about people who had capacity which fluctuated. They explained, that often, people were more alert in the morning and so they may have the ability to make an informed decision then, but maybe not later in the evening when they were more tired.

Staff understood the importance of gaining consent from people who had capacity to give consent. They knew it was important not to force people to do things against their will. During our visit we saw staff always checked with people whether they agreed to tasks being carried out.

During this visit we found Deprivation of Liberty Safeguards (DoLS) had been met. Four people, whose care plans showed people had some restrictions of their liberty were under a Deprivation of Liberty Safeguard authorised by the local authority. Another three people were in the process of being assessed by the local authority to determine whether restrictions on their liberty were lawful.

Staff had received training to meet people's needs. We spent time talking with people, staff and relatives. During this time we saw staff had a good understanding of people's needs and knew how to support them well. For example, at lunchtime we saw staff provided support to people who needed help with eating.

Staff told us they had received training considered essential to meet people's health and social care needs. This included training to move people safely, and to safeguard people from abuse. Staff also told us they had been trained to understand why people might behave in a way that challenged others, and in dementia care. A staff member told us they found the 'challenging behaviour' training useful because it made them aware that there was always a reason behind the person's behaviour, and how important it was to try to find

out what the reason was to be able to help them effectively.

Staff had undertaken further training such as National Vocational Qualifications in health and social care to further develop their practice as social care workers. Staff had completed levels 2 and 3. These were in line with the expectations of their roles and responsibilities.

New staff had not undertaken the Care Certificate. The Care Certificate is expected to help new members of staff develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The registered manager told us their policy was to recruit staff who had previous experience of care work. They had not employed any new staff since the Care Certificate had been in place who did not have previous experience.

Staff told us their induction to their work-roles and to the home helped them work effectively with people. They had up to two days where they went through the policies and procedure and introduced themselves to people who lived in the home. They then worked three or four shifts as 'extra' staff alongside longer serving staff, before they were counted into the numbers on the staff rota.

Staff received on-going help and support from their seniors and manager. Staff received formal and informal supervisions with the registered manager. We were told they aimed to have around six a year. These could be observational supervisions where care workers were observed undertaking an aspect of care, and then received feedback on their care performance. Or, they could be 'sit down' meetings with the registered manager. Staff told us these were useful in supporting their practice in the home. One member of staff told us during a supervision meeting they had asked to have further dementia training. They said this had been provided for them. Staff received yearly appraisals to discuss their work performance and to look at future goals for their personal development.

People received food and drink which met their needs. One person told us, "The food is so good here, I've put on 10 kgs since I came", adding "I love it here".

The chef knew the likes and dislikes of people as well as their dietary needs. There was a set menu with two meals people could choose from. However, if people did not like the choices of meal, other food was prepared for them. For example, one person said they did not like fish and asked if they could have some soup. The care worker spoke with the chef, and came back and asked the person if they would like some home-made tomato soup. The person responded, "Yes please, it's my favourite". We saw people mostly enjoyed their meals, and where people did not seem to be enjoying their food, we heard staff encourage people to try something else. People received hot and cold drinks regularly and when they wanted them.

People were assessed to determine whether they were at risk of dehydration or malnutrition. Weight checks were undertaken to see whether weight had been gained or dropped. If either was significant, referrals were made to the appropriate health care professional such as the dietician, SALT or the GP. One person was on a pureed diet after being assessed by the SALT as being at significant risk of choking.

People received support to maintain their health and wellbeing. People saw other health and social care professionals when necessary to meet their physical and mental health needs. The GP visited the home when required. Records confirmed that people had been escorted to healthcare checks at hospitals, seen their dentist and optician, and other healthcare professionals such as district nurses, tissue viability nurses, and continence nurses.

Good

Is the service caring?

Our findings

People were treated with kindness by staff. A person told us, "I find them [staff] very good and very supportive"; and a relative told us, "[Staff] are really good. They look after her so well. It doesn't matter what time I come in it is always the same [good care]".

Staff understood people's individual needs and supported them to meet them in a caring way. Care plans provided comprehensive and up to date information about people and how they wished to be supported. Since our last visit the provider and registered manager had worked to make the home much more person centred and this was reflected in the care plans. At the front of each care plan were 'Five things you should know about me'. This was a quick reference guide for staff about people's needs.

Staff responded quickly to people's needs. People did not have to wait long for staff support once their call bell had been pressed, or after they asked staff for support. Staff appeared to enjoy their work and had formed good relationships with people who lived in the home. We saw a lot of smiling and laughter during our visit. Staff told us they felt that people who lived at the home were part of their family. One staff member said, "We care, we look after people like our family, the place has a homely feel and it makes it really welcoming for people." Another member of staff told us, "I love it here, I love the people – the staff and the residents."

People were involved in the day to day decisions about their care; and those who had capacity, or their relatives, had been involved in discussing their initial care plans. The registered manager liaised with relatives and spoke with people when issues arose to find out what people or their relatives views were, or to update them on any changes. One relative confirmed that the registered manager contacted them if there were any concerns or health related matters to discuss them. Another told us they were kept updated about their family member's needs and the registered manager was always available to answer questions related to their care.

Relatives told us they had not been involved in any formal reviews of care. The registered manager acknowledged this had not happened. They had spent a lot of time improving the care planning to make it more person-centred, but had not yet started formal reviews of the care plans. They said this was something they intended to do. They subsequently contacted us to inform us that formal reviews had started to take place.

People were supported and encouraged to maintain relationships important to them, and visitors were welcomed at the home. A relative told us they could not always visit their relation, so instead they would phone. They told us staff would always make sure their relation received the phone call so they could have a chat. During our visit we saw relatives and friends visit people who lived at the home. Visitors were made welcome by staff.

During our visit, staff were respectful towards people in the way they spoke and behaved towards them. Staff were always polite to people and listened to what they said. People's right to privacy was respected.

The registered manager set a good example. They made sure they either lowered their voice, or asked us to go into a different room if they were going to say something that a person might overhear. This was to ensure privacy and confidentiality of information. When staff went to people's bedrooms, we saw them knock and wait for an answer before they went into their rooms. When we spoke with people as part of our visit, the registered manager ensured people had privacy to talk to us about their views.

We asked staff if the home passed the CQC's 'mums test', asking if they would be happy to have their relation living at the home. All staff told us they would be happy to have their relation live at The Weavers.

Good

Is the service responsive?

Our findings

Staff understood people's personal histories, their likes, dislikes and preferences. This was because on arrival, the registered manager, had spent time with people and their relatives finding out about people's views, how they wanted to be cared for, and finding out about their past lives and interests. During our visit we overheard the administrative worker speak with a person in Italian. They knew the person came from Italy and liked to talk in their first language.

The information from meeting with people and their relatives was transferred into care and support records which had detailed information from the person's perspective about how they wanted to live their lives, what they liked and did not like doing, and how they wished to be supported. For example, information included whether people wanted male or female care workers, whether they preferred a bath or a shower, whether they liked staying up late, or going to bed early; and whether they liked a night light or one or two pillows.

People were encouraged to see the Weavers as their home, as opposed to a care home they lived in. A relative told us, "Mum enjoys the place now, it was difficult at first for her to settle in but now things are better." Routines changed according to how people in the home wanted to live their lives. Recently, a person new to the home had asked to have wine and cheese in the evening. This had been provided for them. Other people saw this and decided they would like to do this as well. There was now a cheese and wine group each evening.

People were supported to follow their interests and hobbies; and take part in social activities that were meaningful to them. The activity workers also spent time with people and their relatives finding out about past interests and hobbies. They then looked at how they could support the person with hobbies which were meaningful to them. They gave examples of individualised activities. For example, one person had wanted to make something for a children's ward at the local hospital and so they were now making a square blanket to donate to the ward. Another person used to be a member of a choir. The person was no longer able to sing, but they attended a weekly, nostalgic sing along session to get enjoyment from hearing other people sing.

The home employed two activity workers, Monday to Friday between 9.30am and 3.30pm, and had volunteers who helped people engage with their interests. During our visit we saw the activity workers paint people's nails and have a chat to people. Later in the morning we saw a few people went on 'ring and ride' transport with the activity workers and volunteers to have lunch at a local pub. The activity workers also supported arts and craft sessions, reminiscence sessions, a 'knitting club', and musical activities either on a group or individual basis. Entertainers were also booked to visit the home. Whilst the activity workers did not normally work at the week-end, they were flexible and changed their hours of work if a person wanted support to undertake an activity during this time.

At lunchtime we saw a group of people have their meal outside on the decking where there were patio tables and chair sets. The decking overlooked a beautiful landscaped lawn which was also accessible for

people's use. We were told people regularly used this when the weather was nice, to sit out, or to have their meals in the fresh air. There were raised flower beds in the garden which had been used by a person who had lived at the home who had an interest in gardening.

Since our last inspection, the provider and registered manager had started to improve the environment to support people with dementia. For example, each person had a different colour door to their bedroom to help them identify their rooms (which also looked like a front door to a house). Photo frames had been positioned outside each person's room ready for photographs to be installed to aid memory. The provider was in the process of making the lighting brighter in the first floor corridor as they recognised it was more challenging for people to see when the light was not bright. They said this would be completed within a month of our visit. The registered manager told us they had visited other specialist dementia homes and wanted to make further improvements to support people with dementia care needs.

When people moved into the home, the maintenance worker spoke with people about their choice of décor for their bedrooms, so it could reflect their individuality. We saw a few bedrooms which had people's ornaments and had been decorated in the way they wished.

People and their relatives understood how to complain about the service. There had been no formal complaints since our last inspection. However people and relatives told us they felt able to raise any concerns with the registered manager and these would be acted on. The complaints procedure was on the notice board near the entrance of the home and available to all. There were some inaccuracies in relation to the information the provider gave about other services people could contact if they felt their concerns had not been listened to. The registered manager told us after our inspection that they had corrected this.

People and relatives were provided with opportunities to share their views about the service. People participated in 'resident meetings' in February 2016 and August 2016. People and relatives also participated in a yearly 'consumer' survey. The last one was undertaken in January 2016. We looked at the results of the survey. These were mostly very positive about the home. There were a couple of comments which were not as positive and the registered manager was following these up.

Good

Is the service well-led?

Our findings

The home had a registered manager. The registered manager had been in post for many years. They were provided with 'hands on' support from one of the providers, who is a partner in the business. The provider worked at the home on a daily basis and was known to the staff, people and relatives.

At our last inspection we found the home in breach of regulations 16 and 18 of the Health and Social Care Act 2008 (Registration) Regulations 2009. This was because the registered manager had not notified us of deaths of people who used the service and other incidents which affected the health, safety and welfare of people who lived in the home. Since then, the registered manager had informed us of all events which require a notification to the Care Quality Commission. They had also met their legal responsibility by displaying their previous inspection rating on the notice board at the entrance of the home. This had included the action they were taking to improve their service.

Both the provider and registered manager were open about what they did well, and what they needed to improve. After our last inspection, the provider contacted us to say they had engaged an external consultant to work at the home to support management and staff, to audit policies, procedures, and work practice as well as provide significant on-site training. This was because whilst they recognised they provided good care, they needed to improve their recording and auditing in line with the new regulations. They had tried to do this as an internal exercise but had concluded they required external professional support to help them improve.

During this inspection we saw there had been improvements in care recording and in auditing practice. Good systems had been devised to audit the home in line with the Care Quality Commission's five key areas of safe, effective, caring, responsive and well-led, although not all the audits had been carried out as regularly as the provider had intended. The provider acknowledged this, and told us they had recognised they did not have the time to carry them out. The registered manager was going to take on this responsibility, and the staff member who was in the recently created role of senior care worker, would, once trained, take on some of the registered manager's other responsibilities. This would give the registered manager time to carry out the audits effectively.

Although the formal audits had not been completed in line with the provider's policies and procedures, the provider and the registered manager undertook informal checks on the service. They were both available to talk with people, relatives and staff to ensure care was provided how people wanted it, the food was what people wanted, and the premises and equipment met people's needs. The registered manager, chef and the maintenance worker told us if they needed anything to support a person's well-being the provider always helped them to obtain what was required.

The registered manager had high expectations of the attitudes, values and behaviours of staff. When staff had fallen below the standards expected of them, the registered manager had taken appropriate action. During our visit, we saw the registered manager and senior staff provided good role modelling to other staff. We saw all staff provide kind and respectful care to people.

Staff found both the registered manager and the provider open and approachable. All the staff we spoke with enjoyed working at the home and valued the registered manager's leadership.

Staff were supported in their roles through regular individual meetings and team meetings. One member of staff told us, "[Registered manager's name] is brilliant. I don't have any issues, but if I did, I would be able to talk with her." Another said, "I feel the home is well-managed." They told us they felt able to talk with both the registered manager and the provider.