Victoria Nursing Group Limited

Wells Place Care Home

Inspection report

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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

We visited Wells Place on 20 and 24 June 2016. The inspection was unannounced.

This inspection was the first time the service had been inspected under the new provider details.

Wells Place provides residential and nursing care for up to forty-two people.

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.

The service did not always manage medicines appropriately. You can see what action we told the provider to take at the back of the full version of the report.

People told us they felt safe. Staff knew how to recognise abuse and report safeguarding incidents. Staff had completed safeguarding training. Handovers between shifts ensured staff were up to date and well informed about people they cared for. People's needs were assessed and reflected in care plans and risk assessments. There were sufficient numbers of staff to meet people's needs and safe recruitment procedures were followed. The service provided a safe environment for people, staff and visitors. The service was clean and hygienic.

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. Staff completed regular training relevant to their roles and were supported with supervisions and appraisals by more senior staff. The service complied with the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were provided with a balanced diet and encouraged to eat and drink. People using the service were supported with their healthcare needs.

Staff provided care and support in a patient, friendly and sensitive manner. People were supported to express their views and be involved in the planning and delivery of their care. People's preferences were taken into account. There was a key worker system in place. Staff treated people with dignity and respected their privacy.

People received person centred care that was responsive to their needs. Staff had a good understanding of people's needs. Various activities were offered to reduce the risks of people becoming isolated, bored, frustrated or unhappy. The service obtained feedback about people's experiences of the service with service improvement in mind. The service had appropriate processes for dealing with complaints.

Staff spoke positively about the manager and said they were approachable. The service enabled staff to feedback concerns and ideas. There was a system of reviews, checks and audits to assess and monitor the

quality of service provided and identify any risks to the health safety and welfare of people using the service, staff and visitors. We found that records relating to the provision of care by the service were fit for purpose.

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 service did not manage medicines appropriately.

People felt safe. Staff understood their responsibilities to protect people from the risk of abuse or harm. Safe recruitment procedures were in place. There were sufficient staff to support people's needs. The service provided a safe environment and was clean and hygienic.

Is the service effective?

Good

The service was effective. Staff received relevant training and management support. Staff understood the provisions of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to have a healthy diet and to maintain good health.

Is the service caring?

Good

The service was caring. Staff were patient, friendly and sensitive and respected people's preferences, privacy and dignity.

Is the service responsive?

Good

The service was responsive. People received care that focussed on their needs, goals and preferences. People were encouraged to take part in activities. The service had systems to listen and learn from people's experiences.

Is the service well-led?

Good

The service was well-led. Staff spoke positively about the manager. Staff were provided with opportunities to feedback. There were systems to assess and monitor the quality of service provided.

Wells Place 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.

This inspection took place on 20 and 24 June 2016 and was unannounced.

We carried out a responsive, comprehensive inspection as the result of a safeguarding incident raised by the service in relation to the actions of a member of staff on social media.

The inspection was undertaken by two adult social care inspectors and a clinical nurse specialist advisor.

Before the inspection we reviewed information we held about the service.

During the inspection we spoke with 10 people using the service, 14 members of staff from all areas of the service (including the manager) two visitors and a healthcare professional. We looked at records relating to the provision of the regulated activity including 10 care plans and 12 staff files. Some people were unable to tell us about their experiences of the care they received so 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.

After the inspection we spoke with one healthcare professional for general feedback about the service.

Requires Improvement

Is the service safe?

Our findings

We found the service did not always manage medicines safely. We checked medicine's records and found an instance where the totals of three different types of medicines recorded did not match actual totals. We audited medicines for two other people using the service and they were correct. We also found there were no accurate records being maintained for the disposal of medicines.

Records of medicines must be accurately maintained to prevent the risks of under or over dosing and to meet the requirements of the clinician who prescribed the medicines. The inaccuracies we found were a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Apart from the failings mentioned we found medicines were otherwise safely managed and securely stored in appropriate conditions. Medicines policies and procedures were available to support staff. Only registered nurses administered medicines and they had completed appropriate training to do so. We checked the controlled drugs and records which were correctly administered and recorded.

We spoke with staff about safeguarding vulnerable adults from abuse. It was apparent they knew how to recognise types of abuse and the reporting procedures. They understood how to escalate concerns and were aware of whistle blowing procedures. Staff told us they were confident that they could report any concerns. Staff had completed safeguarding training. We checked our records and saw that the service had complied with legislative requirements by notifying us of safeguarding concerns when they arose. One person using the service told us, "I'm quite happy, I feel quite safe. If I had any concerns I would go to staff."

Formal handovers took place between shifts so that staff were aware of incidents that had happened on the previous shift and how individuals were feeling and behaving. One member of staff told us the handovers were thorough and ensured information about people was shared fully with the team at the start of their shift. One member of staff old us the handovers worked well especially when they encountered short notice changes to the staff team. We found that staff had a good knowledge of the people they cared for.

We found that the building was a safe place for people, staff and visitors. We looked at the exterior of the building, the driveway, car park and outside seating area. They were well maintained. Inside the building we were aware a number of improvements had been made by the provider and major refurbishment of the kitchen was planned for the near future. Generally, the interior of the building and equipment was well maintained and decorated. Communal areas were clear of obstructions and tidy. We were given access to risk assessments, maintenance records and safety certificates. We saw people had personal evacuation plans. The fire alarms were tested weekly and fire safety equipment was regularly checked and maintained at appropriate intervals.

We found risk assessments had been completed as part of people's care and support plans. Needs assessments were carried out by a senior member of staff before people came to live at the service. These assessments included the identification of risks which was a continuing process once a person came into the service. Risks such as choking, use of bed rails, moving around the home, skin integrity, falls and

malnutrition were identified, assessed and recorded. Appropriate management plans to address those risks were put in place. For example, where people were identified at risk of developing a pressure ulcer preventative measures were put in place such as providing a pressure mattress and cushion and encouraging food and liquid intake. Risk assessments were reviewed periodically or in response to changes in needs.

There were sufficient numbers of suitable staff to care for people and meet their needs. Staff told us they were happy with staffing levels. We found there were three nurses on duty and seven care assistants on the first day of the inspection. One care assistant had taken sick leave at short notice. The manager told us they had reassessed staffing needs and increased staff numbers to meet the needs of people using the service. The day shift comprised three nurses and eight care assistants. The service was using agency staff to supplement permanent staff whilst they were running a recruitment programme. They used the same agency staff who were familiar with the service and people using the service.

Care staff were supported by domestic, laundry and catering staff. There was also an activities coordinator and an administrator. This ensured nurses and care assistants could concentrate on providing care and treatment. The manager was also a registered nurse. The night shift was made up of two nurses and five care assistants. At the time of the inspection the service had 35 people using the service (one was in hospital) The service was registered for a maximum of 42 people.

We examined a random selection of six staff files to specifically check recruitment procedures. We found the service had processes in place to ensure appropriate people were employed. These included checks with the Disclosure and Barring Service to ensure applicants were not barred from working in this environment. There was also evidence of identity documents, references and full work histories.

The service was adhering to the Department of Health Codes of Practice for the prevention and control of infection in care homes and the requirements of the Control of Substances Hazardous to Health Regulations (COSHH). The communal areas (including bathrooms and toilets) and the bedrooms we visited provided a clean and appropriate environment to facilitate the prevention and control of infections. Staff had access to a plentiful supply of personal protective equipment (PPE) and hand wash facilities. COSHH materials were appropriately stored. The laundry had been completely refurbished and had designated clean and dirty areas. Laundry was segregated through colour coded laundry bags. Staff had completed relevant training on the prevention and control of infection and the use of COSHH materials.

Good

Is the service effective?

Our findings

People were cared for by staff who had the knowledge and skills they needed to deliver safe and effective care. Staff told us they completed regular training that was relevant to their roles and were supported with supervision meetings and appraisals. Two newer members of staff told us about the induction programme they had completed at the beginning of their employment when they had the additional support of a mentor. The induction was designed to meet the requirements of the Care Certificate which identifies the competences and standards of care expected from are staff.

One member of staff said there were good opportunities for training and felt supported in their role. We looked at training records which confirmed what the staff had been saying. Training covered a wide range of areas to support staff to meet people's needs with smaller groups of staff attending more specific training including: the management of challenging behaviour; care of the older person; urinary catheter care; management of continence; pressure ulcer management; and dysphagia.

Since starting at the service, the manager had ensured every member of staff had an appraisal. A system had been put in place identifying who was responsible for supervising each member of staff. Staff told us supervisions took place every two months. Supervisions provided staff and supervisors with the opportunity to discuss professional development and training. Staff records showed people were receiving regular supervisions and appraisals at appropriate intervals.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff had completed relevant training to ensure they understood what was required. We saw people's capacity had been assessed and where required applications had been made to the relevant authority for DoLS authorisations.

Staff were aware of the dietary needs of people they cared for and care records confirmed a suitably balanced diet was provided to promote people's health and well-being. Care records included risk assessments to identify if people were at risk of malnutrition. We found people at risk of poor nutrition were identified and the service had introduced new fluid and food charts that provided more clarity for staff. A nurse told us the service was good at recognising nutritional issues and meeting those needs. We saw the

chef prepared meals to meet individual dietary needs. When needed people were referred to the GP or appropriate healthcare professionals. Snack and drinks were available for people outside of meal times.

We observed people and staff at lunchtime. We saw good interactions between people and staff. Staff engaged with people and where support was needed to eat and drink staff were seen to encourage and motivate people to eat and drink. People were provided with choices. The food appeared to be hot and appetising. In general, people enjoyed the meal. One person told us, "The food is very good and there is plenty of choice." One visitor told us, "Despite many changes to staff [my relative] is looked after very well. She uses a wheelchair as she is not mobile. [They] were painfully thin when they came here but now looks well-nourished and enjoys the food."

People were supported with their healthcare needs. The service liaised with a variety of healthcare professionals who visited the service to provide advice and care for people when needed. These included professionals such as the GP, podiatrist, optician and dentist. Staff arranged for these visits and supported people with external appointments such as hospital visits. We saw people were weighed regularly. We saw there were regular clinical observations recorded for people requiring nursing care.

Good

Is the service caring?

Our findings

We observed and listened to interactions between people and staff throughout the inspection and found care was delivered by staff in a patient, friendly and sensitive manner. For example, during our lunchtime observations we saw numerous, positive incidences of care provided by members of staff. For example, one member of staff was assisting one person to eat. They explained what was on the plate and asked each time which item of food the person would like next. The person had to leave the table for a short while and another member of staff took the meal away. When the person returned a fresh meal was brought out. The member of staff encouraged the person to eat and drink and in between chatted about day to day things. The person was unable to tell us about this experience but we observed positive body language in response to the assistance provided and conversation. Outside of lunchtime, we saw positive interactions between people and staff in the lounge. We noted there was a calm atmosphere and staff treated people with respect.

Staff respected people's privacy and dignity. One person told us, "The staff are pleasant and I have my favourites who do things so well." Another person said, "The staff are very helpful and respectful to me. People are very kind here." Two members of staff said they always asked people for their permission before providing any care and assistance. Staff understood the importance of treating people with dignity and were aware of the 10 dignity challenges. This was part of the Dignity in Care initiative introduced by the Department of Health and the challenges represented the national expectations of what constituted a high quality service that respected dignity i.e. the things that matter most to people. The dignity challenges were displayed on the noticeboard to remind people using the service, visitors and staff of what was expected from staff. The manager was in the process of identifying dignity champions to promote good practice in the service.

We observed staff treating people in a dignified manner. For example, at lunchtime we saw some people were provided with protection for their clothing. We saw staff, who were assisting people to eat, regularly stop to wipe food from people's faces. They continued talking and did not draw attention to what they were doing. As soon as the meal was finished the protection for clothing was removed. Elsewhere, we heard staff speaking to people by their preferred form of address. On another occasion, one person had spilt a drink on their clothing and a member of staff quietly suggested they go to their room and change their clothing which they did. We also noted staff knocked on people's bedroom doors before entering and personal care was delivered in private away from and out of sight of other people.

When people were admitted to the service they were assigned a member of staff as a key worker. This provided people and relatives with a recognised member of staff they could approach with concerns or problems. The keyworker got to know them more closely and provided an additional layer of support. They also contributed to people's care plans and risk assessments.

We found people and their relatives, where appropriate, were involved in the planning and delivery of their care. One visitor told us, "The staff are caring and some changes have taken place. Despite this I have never experienced not being involved. They always let me know if [my relative] has any problems." We observed

staff involving people in day to day decisions such as asking people where they wanted to sit, what they wanted to eat and drink, what they wanted to do. At one point a person asked to go to bed because she was feeling off colour. They were taken to their room and came back into the lounge a few hours later. We saw other examples of staff responding appropriately to people's choices and preferences.

We saw evidence of people's involvement in care records. The records identified people's likes, dislikes and preferences. The manager told us relatives that lived a long distance away from the service received a weekly or monthly update by email.

We saw people's preferences for end of life care had been considered with them and family and recorded in line with their wishes. People who preferred to do so could be supported to spend their final days at the service. The service was working with St Christopher's Hospice and the GP to ensure people's wishes were met. Staff were supported with appropriate training and guidance. All new members of staff were sent to a course run by St Christopher's Hospice for an Introduction to Palliative Care. The service was in the process of completing the Steps Programme to demonstrate the quality of their end of life care.

Good

Is the service responsive?

Our findings

People received personalised care. We looked at care plans and saw they addressed a wide range of people's needs and contained relevant risk assessments for each person. The service was in the process of reviewing care plans and we found some were written in a person centred way whilst others were more clinical and impersonal in the way they were recorded. The care plans that were not written in a person centred way did not reflect the way care was delivered. It was evident the care plans were being reviewed and would all be written in a person centred way within the near future.

We found those care plans that had been reviewed and rewritten focussed on the person as an individual. People were assessed before they came to live at the service unless they were admitted as an emergency. The assessment along with other admission information provided the basis for planning care and treatment for people. People were involved in the process and consequently, care plans and associated risk assessments reflected their needs and preferences. For example, we found management plans for people with specific conditions such as diabetes, dementia, or tissue frailty that staff followed. Care plans identified and met people's needs in relation to areas such as pain, diet, mobility, mental capacity, mental health and challenging behaviour.

Staff showed they had a good understanding of the needs of people. We spoke with two staff about care needs in relation to certain people's likes, dislikes and preferences around personal care. What they told us correlated with what was written in care plans. Staff used their knowledge of people in a responsive way. We observed examples staff responding to people's immediate needs such as when they were showing signs of being in pain or unwell. One person was fidgeting in a chair and a member of staff recognised the person needed to use the toilet. When they returned they were relaxed and sat with a magazine. The member of staff explained the person could not verbally tell people what they wanted but staff could recognise the signs.

The manager told us a new activities coordinator had been recruited. Activities provided stimulation and were necessary to reduce the risks of people becoming isolated, bored, frustrated or unhappy. Generally, people were encouraged to spend time in communal areas where there were other people and it was more likely informal activities would take place such as chatting to other people and staff. Where people chose to remain in their rooms the activities coordinator tried to provide some one-to-one activities. Elsewhere we saw more formal activities taking place in communal areas including arts and crafts, music and reading.

The activities coordinator had only been working at the service for approximately four weeks. When not engaged in formal activities the activities coordinator was engaging with people with a view to determining appropriate future activities. We observed people taking part in activities and spoke with the activities coordinator. Although the activities coordinator admitted more activities were needed the enthusiasm they displayed assured us such activities would be put in place. Schedules of activities were displayed on each floor and a record was maintained showing which activities people joined.

We also found some people living with advanced dementia were engaged in doll therapy. Staff had received

relevant training from a mental health professional and developed a doll therapy plan. Many people with dementia suffer with periods of distress and anxiety. Doll therapy may stimulate memories and bring pleasure and comfort to people. It also provides a means of engaging with people. We found people engaged in doll therapy were calm and appeared happy. The service recognised the success of such a therapy varied between individuals and benefits needed to be explained to visitors who might not understand what was going on.

The service had systems to listen and learn from people's experiences, concerns and complaints. The manager organised periodic meetings for people using the service and their relatives. At meetings people and relatives could raise issues about the day to day running of the home. There was a complaints system at the service to deal appropriately with any complaints. Most people or relatives told us that they would raise issues with a member of staff or the manager.

The manager had an open door policy and encouraged people and relatives to speak if they had any concerns. Staff told us the manager was regularly seen in all areas of the service and chatted regularly to people and on occasions provided care to people using the service. Any incidents, concerns or complaints were brought to the attention of the manager who ensured they had been addressed appropriately and identified any learning opportunities for the service or for the provider to feedback to other services.

Good

Is the service well-led?

Our findings

Staff told us they enjoyed working at the service and felt valued. Staff spoke positively about the manager. We were told the manager was approachable, had clear standards and expected others to follow their example. The following is a selection of what staff said to us. "The culture of the home has changed to a positive one since [the manager] has been appointed." "I enjoy working at Wells Place and feel valued as a member of the team." "We have been through difficult times and experienced various management styles. This new manager leads by example and inspires confidence in us all." "I have got a lot more confidence in this manager. I believe there is a better future." "The manager has not been here very long but has done so much." "Senior staff are very supportive and the new manager is very approachable and has a high profile."

The manager started working at the service in February 2016 and we saw and were told about various improvements that had been made. The manager explained what had been achieved and had a clear vision and plans on how to improve the service. The manager told us they enjoyed the full support of the provider who continued to invest resources in the service. We found significant improvements had been made to the nursing station and launderette and the kitchen was about to be totally refurbished. The manager was supported by two registered nurses who were team leaders and acted as deputy managers when the manager was away.

The service was open and transparent and encouraged feedback and ideas from staff. Staff meetings at various levels took place on a regular basis. One member of staff commented on the excellent communication with staff through staff meetings and handovers.

Accidents and incidents were recorded along with any initial actions taken and were reviewed by the manager. Further actions were recorded and any lessons that could be learnt, in relation to the individual or the service, were considered. We examined CQC records and found the service submitted statutory notifications as required and promptly.

We found there were systems and processes to assess and monitor the quality of service provision. A wide range of audits, visits and checks were undertaken by staff, seniors, the manager and representatives of the provider from outside of the service. The manager and deputies carried out spot checks at weekends and on nights and occasionally worked these shifts. Audits of the service were carried out by peer managers and the provider. Records were audited and reviewed and where required formats were revised and records rewritten. These audits, visits, checks and reviews showed the service was assessing and monitoring the quality of service they were providing in order to ensure the health, safety and well-being of people using the service, visitors and staff.

We examined a variety of records relating to the provision of care by the service. Records were accurate, up to date and accessible. Where appropriate, records were stored securely and limited to those people authorised to see them. Records were fit for purpose.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure the safe and proper management of medicines. Regulation 12(2)(g)