

Arcare (West Midlands) Limited

Welbeck House

Inspection report

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West Midlands
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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

The inspection of this service took place on 15 December 2016 and was unannounced.

Welbeck house provides care and accommodation for up to four people with a learning disability. There were four people living at the home on the day of our inspection.

There was a registered manager in post and they were present at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, registered managers 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.

People were supported by staff who knew how to keep them safe and free from the risk of harm. Staff knew how to recognise and report any risks, problems or potential signs of abuse. Risks were assessed and managed safely whilst promoting people's independence. People were protected by safe systems for administering, storing and recording medicines.

People were supported by sufficient staff to meet their needs safely and effectively. People received flexible and responsive support. Staff were recruited through safe recruitment practices which meant only people suitable to work in the role were appointed.

People who required support to take their medicines were protected by safe systems in place for administering, storing and recording medicines.

People were supported by staff who had the knowledge and skills to provide effective support. Staff received training to enable them to meet the individual needs of the people who used the service.

People's rights were protected under the Mental Capacity Act 2005 and staff had an understanding of how it affected people's care. People were offered choices as to how they lived their lives and staff recognised the importance of people making their own decisions

People were supported to eat and drink and were given choices about what they ate and we saw people enjoyed their meals. Staff worked with healthcare professionals when required to ensure people maintained their good health and wellbeing.

People were supported by staff who were caring and supportive. Staff knew how people liked to be supported and they enabled people to live the lives they chose. People's privacy and dignity was respected.

People received a responsive service which met their individual needs. Care plans were detailed and people had been involved in developing them. People were supported in ways they preferred as staff were aware of people's individual needs and preferences. People enjoyed a range of activities of their choice.

People knew who to speak to if they had a worry or concern about the service provided. They were confident that their concerns would be acted upon. The provider had a system to deal with any complaints.

The registered manager provided good leadership. People and staff told us they were involved in the running of the service. Staff felt well supported and there were systems in place to monitor the quality of the service provided.

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.

People were safe because staff knew how to protect them from the risk of potential abuse. Risks to people's health and safety were managed by staff who were knowledgeable about people's individual risks.

There were sufficient staff employed to flexibly meet people's needs.

People were supported by staff who were recruited safely.

People were supported by staff to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained and supported to deliver effective care and support.

People's rights were protected under the Mental Capacity Act 2005.

People had choices about their diet and their nutritional needs were being met.

People had access to health care support when required.

Is the service caring?

Good ●

The service was caring.

People received care and support that was delivered in a kind and compassionate way.

People were listened to and were supported to make their own decisions and choices about their care. Staff promoted people's independence where possible. People's privacy and dignity was respected and promoted.

Is the service responsive?

The service was responsive.

People had their care and support needs reviewed regularly to ensure plans reflected their ongoing and changing support needs.

People had access to activities and had were able to follow their hobbies and interests. People were confident that their complaints would be listened to, taken seriously and acted on.

Good ●

Is the service well-led?

The service was well led.

People told us they were happy living at Welbeck House. Staff were supported by the management team at Welbeck House. Staff were clear about their roles and responsibilities.

People's views were sought in relation to the quality of the service provided.

There were systems in place to monitor and review the quality of the service.

Good ●

Welbeck House

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 was 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 15 December 2016 and was unannounced.

The inspection team consisted of one inspector. We looked at the information we held about the service which included statutory notifications we had been sent by the provider. A statutory notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information when we planned our inspection.

As part of the inspection we spoke with three people who used the service and two relatives. We spoke with the registered manager and two members of staff.

We looked at 2 people's care records and 3 staff files, medicine records and systems used for monitoring the quality of care provided.

Is the service safe?

Our findings

People told us that they felt safe living at Welbeck House. One person said, "I do feel safe". A relative told us, "They keep [name of person] safe, they keep a close eye on them".

Staff knew how to keep people safe and what to do if they had concerns about a person's safety. They gave us examples of different types of abuse and how to recognise it. They understood their responsibilities in escalating any concerns both within the organisation and if necessary external organisations. One member of staff said, "If I had a concern about someone I would report it to my manager and if nothing was done then I would whistleblow". The registered manager was aware of their responsibilities in reporting any potential abuse to the local safeguarding authority. Records we looked at confirmed the registered manager had followed the correct procedure and had raised any potential concerns with the local authority to keep them safe. This meant there was a system in place which protected people who lived at Welbeck house from any potential harm or abuse.

Staff promoted people's health and safety through safe working practices. Staff were aware of peoples risks and had an understanding of how to reduce them. For example, one member of staff gave us examples of how they managed peoples assessed risks which included ensuring they got their medicine on time to manage the person's health condition and ensured another person had the correct equipment nearby which ensured they could mobilise safely. Staff told us people were assessed for any risks when they first came to live at Welbeck House. Records we looked at confirmed people's risks were recorded and were monitored on a regular basis by staff.

When people had an accident the registered manager recorded and investigated the incident. We saw outcomes for the person were noted and if any patterns developed the registered manager could take any action necessary to prevent the incident reoccurring.

People told us there were sufficient staff to meet their needs. One person said, "Yes there are enough staff". A relative told us, "I think there are enough staff for the people who live at Welbeck House". Staff we spoke to also thought there were sufficient numbers of staff to meet people's needs. The registered manager explained to us that staffing levels were flexible and depended on what people wanted to do. For example, if a person wanted to go out into the community extra staff would be on duty to facilitate this. This meant the provider had a flexible system in place which meant there were sufficient staff at all times to meet people's needs and keep them safe.

People were supported by staff who had been properly checked to ensure they had the right background and attributes to support people safely and effectively. We spoke with two staff who confirmed that checks had been carried out on their suitability and work history prior to them working at the home. These included references from any previous employers and Disclosure Barring Service (DBS) checks had to be completed before they commenced their employment. DBS helps employers to make safer recruitment decisions and prevents unsuitable people being recruited. Records we looked at confirmed the provider had a safe

recruitment system in place which meant the staff they employed were suitable to work with vulnerable people.

People told us they got their medicine when they needed it. One person told us that staff looked after their medicines and they were 'ok' with this. They told us, "They give me medicines at the right times". We looked at the system in place to ensure people got their medicine as prescribed. The registered manager told us all staff were trained to give people their medicine. We looked at people's medicine administration charts (MAR) which staff had to complete once people have been given their medicine. These records confirmed people had been given their medicine as prescribed. We saw the registered manager had a system in place which monitored the stock of people's medicine on a daily basis. Staff told us people could tell them when they were in pain and could ask for medicine when they needed it. We saw guidance was in place for staff to follow when people needed medicine for pain relief. We saw medicines were stored safely, however the temperature of where the medicines were stored was not recorded. The registered manager told us they would speak with their pharmacist following our inspection to get their advice as this had not been picked up by a recent pharmacy audit.

Is the service effective?

Our findings

People who used the service received effective support to meet their needs from staff who had been appropriately trained. They were happy with the support they received. One person told us, "Staff look after me". A relative told us, "From what I have seen staff are well trained. [Name of person] would tell me if they weren't". Staff told us they received regular training to support them in their role. One member of staff said, "We have done a lot of training since I started".

Staff spoke positively about their induction to the role. They felt the training was sufficient to give them the knowledge and information to meet people's needs. They told us they shadowed more experienced members of staff on as many shifts as it needed before starting their role. This allowed them time to get to know people and how to care for them appropriately. New staff completed the care certificate. The care certificate is a set of standards that health and social care workers are expected to adhere to in their daily working life. Staff told us they had the opportunity to ask questions about their training or discuss any further training needs through regular supervisions with the registered manager.

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 interest and as least restrictive as possible. Staff and the registered manager understood the principles of the MCA. We saw and heard staff sought people's permission at all times before they supported them with their care needs. Where people did not have capacity to make a particular decision the registered manager had made sure decisions were made in people's best interests. For example, one person required surgery and the registered manager had involved medical professionals in deciding if the surgery was in the person's best interests.

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. We saw that the registered manager had applied for a DoLS authorisation for all four people who lived at the home. They were clear why they had applied and understood the principles of the safeguards. The local authority had authorised one of the applications as the remaining three did not meet the criteria for the safeguards to be in place. We saw the approved deprivation which documented what the restrictions were and we saw staff were working within the guidelines of the authorisation.

People were supported to eat and drink to meet their nutritional needs. One person told us, "The food is not too bad". Another person told us, "The food is alright here, I get to choose. I like a cooked breakfast". We saw people had the choice of where they wanted to eat. One person told us they preferred to eat in their own room whilst others chose to eat in the dining room. Staff told us they involved people in the weekly shopping and ask them what would they like adding to the shopping list. People told us they could make their own drinks when they wanted. We saw for those people who were unable to do this they were regularly

asked if they wanted a drink.

People were supported to maintain good health. One person told us "They take me to the doctors and the hospital when I need it". Relatives also confirmed staff accompanied people to medical appointments if necessary. Health records showed that people received follow up support to manage health conditions. Visits to dentists and to other health care providers were documented to show that people received routine checks and monitoring. One person told us, "The registered manager takes me up to the dentist. The doctor comes out to me or I go up the doctors".

Is the service caring?

Our findings

People were supported by staff who were kind and caring. One person told us, "The staff are nice. They speak to me nicely. I feel I can talk to them when I want". Another person told us, "The staff look after me, they talk to me nicely". We saw people looked relaxed and comfortable around staff. We saw positive interactions between people who used the service and staff. We saw staff asking if people were ok, offering choices, listening to responses from people and responding appropriately to these. Staff who spoke with us shared examples of how they were caring. One staff member told us, "We listen to people, offer choices and encourage independence".

People were supported to make day to day choices. One person said, "I chose when I go to bed or go out". Another person told us how they had chosen to have their room decorated in the colours of their favourite football team. Staff had a good knowledge of how people preferred their care to be delivered and how they chose to live their own lives. For example, one member of staff told us how one person preferred to sit in their room. Staff told us they offered people choices and allowed people to make their own decisions. People told us staff spent time with them to support them to make choices if they needed any further help and staff listened to them. People told us staff respected their choices. For example, one person said they preferred to have a wash as they didn't like showers. Staff enabled them to have a wash in their room which they preferred. We saw people were offered choices during our inspection. One person was offered a choice of whether they would like to go out. We saw staff communicated well with people which made people feel cared for and happy when staff were present.

People told us they were encouraged to be independent. One person said, "I do a lot myself. Anything I can do I do myself". Another person said, "Staff have been encouraging me how to cook and I now peel potatoes". Staff gave us examples of how they encourage people to be independent and not to do things for people but to encourage them to do it for themselves. For example, we saw one person ask about washing their clothes. We saw a member of staff ask them when they were available and so they could ensure the washing machine would not be used so they could do their washing themselves. People were supported to maintain their independence where possible.

People we spoke with told us staff treated them with respect. We saw staff were polite and courteous. We saw staff, the registered manager and the provider always knocked on people's doors and waited to be invited in before entering their room. Staff were able to give us examples of how they respected people's privacy and dignity. One member of staff told us about the recent training they had received about how to treat people with dignity. They told us "It is about how you speak to people. You need to speak to people properly".

Is the service responsive?

Our findings

People received a service which met their individual needs. People told us that they had been involved in their assessments and development of their care plans. People had signed their plans to show their involvement in their development. One person told us staff spoke to them about their care and what they wanted. They said they consulted with them about how they liked to be supported. For example they told us they had been asked what time they liked to go to bed and get up. Relatives told us staff kept them informed if there were any changes however they told us they didn't need to be involved in the person's care because they were able to make decisions about their care themselves.

People had detailed assessments of their care and support needs. Staff were knowledgeable about people's needs so they were able to provide a service which met people's needs. We saw people's care and support needs were regularly reviewed to ensure they continued to reflect people's current needs. Staff communicated changes to people's care in a handover at the start of every shift. We saw each person also had a book which contained up to date notes about how they were or what they had done and this was updated throughout the day by staff. This meant that staff had up to date information about people's wellbeing.

We asked people how they spent their time. People told us they took part in a range of activities which they enjoyed. One person told us they liked going to football matches to support their favourite team. Another person told us they liked going out with their family. A third person told us they preferred to stay in their room but enjoyed watching television. Staff were available should people wish to go out. We saw one person attended a local day centre with the support of staff.

We saw photographs of events which had taken place and people told us that they enjoyed these. Staff told us about organised trips where they had supported people to go on holiday or out for day trips. Staff gave us an example of a trip to Blackpool which had been organised and staff had accompanied people. People were supported to follow their interests and hobbies.

People told us that they had no concerns or worries about the support they received or the way the service was run. However people and their relatives knew how to raise a concern or complaint if needed. One person said, "If I had a problem I would go to the office". A relative told us, "I am happy with the way things are. However if I had any problems I would be happy to discuss them with the manager or the provider". We saw that the home had received two complaints. The registered manager showed us how they had written to acknowledge the complaint and had arranged for the complainant to have a meeting with them to share concerns and plan a resolution. One relative told us, "I have not had to make a complaint but if I did I'm sure manager would take the right action". We saw a copy of the complaints policy available for people and their relatives in the hall and should people need to complain the provider had a system in place to ensure complaints were appropriately investigated and managed.

Is the service well-led?

Our findings

People who spoke with us said that they liked living at Welbeck House. One person told us, "I like living here. I have no problems with anything". People said that the registered manager was approachable. One person said "The manager is a nice lady. One of the best". A relative told us, "I think it [the service] is well led. They are very organised". We saw the registered manager interacted with people and chatted with them about their day and people were happy chatting with them. There was a registered manager in post who provided continuity and was in the home on a daily basis and demonstrated a good knowledge of the service and the people who lived there.

Staff felt well supported to do their job. One member of staff said, "I am supported by management. They are always on the end of a phone. I can tell them anything at any time". Staff told us that they communicated effectively as a team and with managers. They told us that they attended regular staff meetings and were asked to share any suggestions and ideas on how to improve the service and the care people received. One member of staff told us they had made a suggestion and the registered manager had listened and had adopted their idea. Staff told us they had regular one to one meetings with the manager to discuss their personal and professional development. People and their relatives confirmed they were asked for their views in how the service was run through regular questionnaires. We saw the results of the questionnaires were all positive which meant people were happy with the service they received.

Staff knew about the whistle blowing policy and procedure and said they would be confident to use it if necessary. The whistle blowing policy enables staff to feel that they can share concerns formally about poor or abusive practice without fear of reprisal.

Registered persons are required to notify CQC of certain changes, events or incidents at the service. We had not received any recent notifications however, the registered manager was aware of their responsibilities in what circumstances they would need to notify us.

The registered manager learnt from practice and used experiences to reflect upon practice and continually improve. The registered manager told us that they attended managers meetings and attended conferences with peers from other care homes. They told us how they kept their knowledge up to date by receiving and reading emails from the care sector and from agencies who shared safety alerts and other information about good practice. They also told us that they were getting good support from the provider.

We saw a range of audits that had been carried out to ensure the home was managed safely and efficiently. We saw checks had been made to medicines, the environment, accidents and incidents. We spoke with the pharmacist who had completed a recent audit at the home who confirmed no issues had been highlighted which also confirmed the registered manager's audits were effective. The provider carried out monthly checks also, following up on action identified by the registered manager. The latest check showed that the provider had resolved issues relating to the environment and followed up on actions identified after the manager in relation to falls. For example, the stair lift was overdue a service and this had been highlighted by

the audit. The provider took action to ensure this was then completed.

We saw that the home had scored well at a recent audit of infection control processes carried out by an external body. We saw that actions to improve had been identified and the provider was in the process of actioning these. An effective governance system was in place which ensured people got the care they wanted and it was delivered in a safe way.