

Edggbasston Investments Ltd

# Prince of Wales Nursing Home

## Inspection report

246 Prince of Wales Lane  
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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 21 September 2018 and was unannounced.

Prince of Wales is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Prince of Wales provides nursing and care for up to 20 people. The home is set in a large purpose built building. There were 20 people living at the home at the time of our inspection, most of whom were older people including those living with dementia.

At our last inspection we rated the service Good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

A registered manager was in post. 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.

People felt comfortable around staff and received continuity of care from familiar staff. People and their families understood if they had any concerns about their personal safety they could speak with staff or the registered manager and a system for recording and sharing concerns was in place. Risks to people's health were recorded for staff to refer to and reviewed and updated in line with people's needs. Staff were available at the times people needed them and staffing levels were reviewed and monitored by the registered manager. Adjustments to staffing levels were made in response to people's assessed needs. Staff had worked at the home for some time and where agency staff were used, regular agency staff were employed. Staff new to the home had their background checked before commencing work at the home to ensure it was safe for them to work there. Accidents and incidents were reviewed and analysed and learning shared with staff so that people's experience of care was adjusted and the chances of accidents and incidents would be reduced. Staff understood the importance of minimising the risk of the spread of infection.

Staff received training and guidance in response to people's individual needs. Where training was needed to care and support specific medical conditions, staff received the training needed. People liked and valued the care staff supporting them. People knew they could receive the support they needed from staff that understood their individual needs. People were treated with dignity and respect by staff that supported them to remain as independent as possible. People and their families were supported to incorporate the arrangements they preferred in end of life care planning.

People expressed their wishes about their care and this was recorded in care plans that staff could refer to. People and their families were involved in updating their care plans through discussions with staff and meetings. People were treated with dignity and respect by staff who could empathise and understand their

needs. People and their families felt able and comfortable speaking with staff about any concerns they had and understood the process for complaining if they needed to.

The registered manager worked closely with the registered provider and staff to involve people and their families in their care and the running of the service. People's care was reviewed and updated to reflect people's changing care needs and wishes. Staff working at the home felt assured they could seek advice and guidance from the registered manager as well as discuss issues that were important to them. The registered manager worked with other stakeholders in the area to share best practice and develop ideas of improving people's experience of care. They were involved in a number of working groups and a manager's forum.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Prince of Wales Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by two inspectors.

The inspection took place on 21 September 2018 and was unannounced.

The provider had completed a Provider Information Collection (PIC) before this inspection. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIC during our inspection visit. The information reflected how the service operated.

Prior to the Inspection we reviewed the information we held about the service. This included statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit we spoke with the registered manager and registered provider about their management of the home. We spoke with the administrator, and three care staff about their roles, and what it was like to work at the home. We spoke with one person living at the home as well as two relatives.

We reviewed two people's care records to see how their care and support was planned and delivered. We looked at three staff recruitment files, records of complaints and the records of the checks the registered manager made to assure themselves people received a good quality, safe service.

# Is the service safe?

## Our findings

At our last inspection in January 2016 this service was rated as Good in the key question is the service Safe? At this inspection it continued to be rated as Good.

People and relatives we spoke with told us their family member was safe and they knew the staff working at the home because they were either permanent staff or regular agency staff. Staff confirmed they had received training and understood the importance of keeping people safe and reporting any concerns they had. Staff told us they were happy to share concerns with either the registered manager or registered provider in the first instance. We saw the registered manager had a system for discussing concerns with the local authority when appropriate for advice and clarification when needed. They told us they preferred to discuss any issues with them so that they acted transparently.

People were supported by sufficient staff to support them with their needs. We saw people were supported by staff promptly. People had access to call bells and were able to summon help when needed. We saw in communal areas, staff monitored people so that they had access to help and support from staff when needed. The registered provider told us staffing was based on the registered manager's assessment of people's needs and if needed they supported the registered manager to have additional staffing.

The registered manager's recruitment process included checks to ensure staff who worked for the service were of a suitable character. The registered manager told us, they made sure staff had Disclosure and Barring Service (DBS) checks and references obtained before they started work. The DBS helps employers to recruit suitable staff by checking people's backgrounds and police records to prevent unsuitable people from working with people who use care services. Records confirmed background checks were completed before staff worked with people in their homes.

Staff understood how to keep people safe and knew how to report any concerns they had about people's safety. Staff told us they shared any concerns they had with the management of the home. The registered manager understood any concerns had to be discussed with the local authority safeguarding team and notifications sent to the CQC.

Medicines were managed safely by nurses working at the home. Regular checks were undertaken by the clinical lead at the home to ensure people received their medicines as they should. Any anomalies were highlighted for staff to rectify. We saw people being supported to take the medicines and where people required additional support, people received this. We saw one person required reassurance to take their medicines and we saw they received this.

Staff understood their responsibilities in relation to safe infection control practice. We saw staff use gloves, aprons and alcohol gel when appropriate. Staff told us they had access to supplies when needed. We saw domestic staff attend to cleaning responsibilities and use the appropriate equipment to clean and dispose of material when needed. The registered manager told us they regularly walked around the home to check the home was as clean as they would expect it to be.

Accidents and incidents were reviewed so that learning from them could be shared with other staff, in order to improve people's care. For example, we saw frequency of falls and times of falls were recorded and analysed so that any trends could be identified and action taken. For example, where people needed to be referred for specialist advice, this was requested based on identifying people's needs.

## Is the service effective?

### Our findings

At our last inspection in January 2016 this service was rated as Good in the key question is the service Effective? At this inspection it continued to be rated as Good.

People living at the home had their needs assessed before going to live there so that the registered manager could understand if staff had the training to meet people's needs. We saw staff had received specific advice and training to support a person that had a specific condition that they lived with. This was important because the person needed staff to have a detailed understanding of their specific need to that they received the care needed.

Care staff told us the training they received enabled them to support people and understand their needs. They told us new staff learnt to support people by working with experienced staff and received training linked to the Care Certificate. This is a set of standards that health and social care workers stick to in their daily working life. Staff told us they had access to training and could request further training should they require it. We saw the registered manager had a system for monitoring and updating staff training as and when they needed it.

The registered manager had a process in place for assessing and monitoring applications to deprive someone of the liberty. Staff we spoke with could explain to us which people had been deprived of their liberty and how. Staff told us they had received training and understood how decisions were specific to each person.

People who lacked mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were offered choices in the food and drinks they were offered. We saw people had access to a choice of food and drink and staff understood which people required support with their meals. People were asked their preference and staff recorded this to refer to when serving meals. People that required specialist diets due to intolerances or feeding difficulties, received appropriate meals.

People had access to additional support and wellbeing services that promoted their health. People and their families told us they could see the doctor when needed. We saw in a communication book used for health professionals, that advice and guidance was recorded so that staff were kept up to date about people's needs.

People were involved in decisions about the décor of their bedroom and the home. The home was being refurbished and people and families were being kept up to date about the progress of developments. Special adaptations, such as sensory lights were installed to make it easier for people living at the home. The registered manager told us some people living with dementia, benefited from the change in lighting and helped them to relax and get into a better sleep routine.



# Is the service caring?

## Our findings

At our last inspection in January 2016 this service was rated as Good in the key question of is the service Caring? At this inspection it continued to be rated as Good.

People and their families told us staff were caring and considerate. We saw lots of examples of affection displayed between people and staff. We saw people engage in friendly chat with people and exchange gestures such as touching a person's arm in a reassuring manner when a person became upset or anxious to which the person responded well.

Care plans provided staff with guidance about how to care and support people. We saw care plans detailed important information to care for the person. We saw evidence that demonstrated people and their families were involved in reviewing the care plans to ensure they were relevant in caring for the person. Two relatives we spoke with confirmed they were consulted and involved in planning their family member's care and were kept up to date about important dates of reviews or hospital appointments.

People's care plans were stored in locked drawers to maintain people's confidentiality. Where handover information was displayed, the registered manager agreed to remove the information and store in a lockable area.

Staff respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff took into account people's individual needs when delivering their care. Each person at the home has a key worker. The role of each key worker is to take the lead in helping to plan that person's care

People were supported to maintain their dignity and independence. We saw people chose where they would like to spend their time and this was supported by staff. We saw some people chose their own company in their bedrooms whilst others preferred the company of others in communal areas such as the lounge. Relatives were encouraged to visit as often as possible and whenever they liked.

Where people were able to move around for themselves, staff encouraged their independence by having their equipment ready for them as they moved around the home. The registered manager told us they always ensured people had access to support as soon as they moved into the home to keep them as mobile as possible.

Staff understood what it meant to support people with dignity and respect. The registered manager told us they encouraged staff to understand people's experience of care from role playing. They told us each staff member was supported to be a resident of the home for a day so that they could empathise and understand what it meant to live there. Staff we spoke with confirmed this helped them to feel what it felt like to be moved using a hoist or need support from others and this helped develop their practice with people.

## Is the service responsive?

### Our findings

At our last inspection in January 2016 this service was rated as Good in the key question, is the service Responsive? At this inspection it continued to be rated as Good.

People told us they could influence and share their wishes for their care and how they received care at the home. One family member told us, "The care is really good here and they do listen and they know what my [family member] needs." We reviewed two people's care plans and saw that people were encouraged to share the things that were important to them about their care, such as the types of food they liked and when they liked to get up and go to bed. One relative we spoke with told us their family member had been at the home for some time and in that time their care needs had changed. They told us when their family member had gone through periods of sickness, increased support was given. When their family member was better, the person was supported with their independence. They also told us their family member was supported to access the additional equipment they needed.

People were supported to develop an interest by the activities co-ordinator. The activities co-ordinator told us about activities that happened throughout the week so that people had things to keep them busy. We saw during the inspection, people were involved in a coffee morning in support of charity. The activities co-ordinator worked with people and their families to understand what people liked so that they could incorporate this into people's care.

The registered provider had a complaints process in place that included acknowledging and responding to people's complaints. We saw that complaints were handled using this process. People we spoke with told us they were happy to speak to staff or the registered manager in the first instance and share any concerns they had and that they were confident this would be enough to resolve their query. Staff shared any concerns with the registered manager so that it was easier to identify any trends that may arise.

People and their families were supported to share their thoughts and wishes about their end of life. People and their families told us they were given the opportunity to share what was important to them so that staff understood what to do and any considerations religious or otherwise, that they needed staff to be aware of. The registered manager told us about how they worked with local stakeholders to develop people's end of life care plans so that people were supported to have a comfortable pain free ending to their life. The registered manager also worked at recording events of people's lives in a book for families to keep as a lasting memory of their family member.

## Is the service well-led?

### Our findings

At our last inspection in January 2016 this service was rated as Good in the key question, is the service Well led? At this inspection it continued to be rated as Good.

People and relatives we spoke with felt assured that they could discuss any issues they had with the registered manager and staff working at the home. During our inspection we saw family members spoke with either the registered manager or the administration team about any issues that they needed to discuss. One family member told us they felt confident the registered manager would sort out any issues they had.

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 registered manager had been at the home for a number of years and had developed a good working relationship with staff as well as a good understanding of their role. Staff at the home understood their roles and responsibilities. Regular team meetings took place to reinforce the registered manager's expectations for delivering good care at the home. This was reinforced with memos attached to payslips to ensure any key necessary messages were shared with staff. One staff member told us this was helpful for knowing when training was due, so that they ensured they attended.

People at the home were involved in feeding back what they thought about the home in a number of ways. Questionnaires were used to capture people's thoughts and feedback on improvements made at the home following suggestions. A display in the reception area was used for people to see how suggestions had been used to drive improvements at the home. For example, the home was due to have a refurbishment following feedback people had given. The registered manager also used spot checks to monitor and assess if care was delivered in line with the provider and registered manager's expectations. They told us the spot checks could occur at any time day or night because it was important the care delivered at the home was of a consistent standard.

The registered provider worked with the registered manager in developing plans to the home. They were working to expand the number of beds available as well as change to the layout to improve the communal areas for people to sit in. The registered provider told us they maintained contact with the registered manager through email updates as well as the visits they made to the home. This enabled them to keep up to date with issues affecting people's care at the home.

The registered manager worked with stakeholders from the local community including a local nursery as well as a college for people living with a learning disability. For example, children from the nursery were encouraged to develop friendships with some of the people from the home. People from the college were also encouraged to visit and spend time with people living at the home.

The registered manager worked in partnership with other managers in the area by sharing ideas and best practice through a manager's forum. We saw the registered manager liaise with social workers to discuss achieving better outcomes for people at the home by identifying better ways of managing people's care. For example, one person was experiencing difficulties with equipment, and the registered manager was working to identify a better method of improving the person's mobility.