Colten Care Limited

Wellington Grange

Inspection report

Broyle Road
Chichester
West Sussex
PO19 6ED

Tel: 01243755200
Website: www.coltencare.co.uk

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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

Wellington Grange is a care home that provides nursing care. 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. Wellington Grange provides accommodation and support for up to 72 people. Accommodation is arranged over three floors with those who require nursing care on the second floor. There are three passenger lifts linking each floor and the home has an attractive accessible garden.

The inspection was conducted over three days, 19 and 20 September 2017 and later on 12 December 2017. A third date was arranged with the provider as due to unforeseen circumstances, the inspector was not able to complete the report. A third day of inspection was needed to ensure completeness of information for this inspection report. Information gathered on 12 December provided the basis for this report but some information from the previous days was also considered. On 12 December 2017 there were 57 people living at the home.

The home had a registered manager who was present throughout the inspection on 12 December 2017. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home was registered with CQC in March 2016 and this was the first inspection of the home.

Staffing levels in the home had been increased in recent months. However, staff were not always being deployed effectively in some areas of the home. People told us that they sometimes had to wait longer than they should expect to have their needs met. People's comments included, "There's a lack of carers," and "Usually they are quick but sometimes it's a long, long wait in the night." We identified the deployment of staff as an area of practice that needed to improve.

People told us they felt safe living at Wellington Grange, one person said, "I am definitely safe here because of the staff." Risks to people were assessed and managed and staff demonstrated a firm understanding of their responsibilities with regard to safeguarding people. Incidents and accidents were monitored and actions were taken to reduce the risk of a reoccurrence. People were receiving their prescribed medicines safely and were supported to manage their own medicines where appropriate. There were robust arrangements in place to ensure that the environment was well maintained and risks of infection were effectively managed.

People's needs had been assessed using a number of validated tools. Care plans were regularly reviewed and updated to reflect the care provided. People told us they had confidence in the skills and knowledge of the staff. One person said, "The staff are very well trained and know exactly what to do." Another person

said, "The quality of the staff here is excellent." The provider had robust recruitment procedures and staff told us that new staff received a comprehensive induction when they joined the team. Staff received the training and support they needed to be effective in their roles. One staff member said, "I have done a lot of training and it has all been helpful." Records showed that staff had received training in subjects that were relevant to the people they were caring for.

People and their relatives spoke highly of the food available at the home. There were a number of different dining areas and people said that they were offered plenty of choice. One person told us, "The kitchen does well, the food is good." We observed that people had a pleasant meal time experience and staff were supporting people to make sure they had enough to eat and drink. Specific risks and nutritional needs were identified and monitored to ensure that people maintained a healthy weight. People could help themselves to drinks and staff were proactive in offering drinks to people throughout the day.

People told us that staff always asked them before assisting them. Staff had received training about the Mental Capacity Act 2005 (MCA) and demonstrated a clear understanding of their responsibilities. Staff had considered whether people had capacity to consent to their care and treatment in line with the legislation and guidance. People told us they were supported to access the health care services they needed. One person said, "I had to go to the doctor and they (Staff) came with me." Other people told us that health care professionals visited them at the home.

People and their relatives told us that they had developed positive relationships with the staff. One person said, "All the staff are so kind and attentive, there's nothing I would change." A relative told us, "They have always included me from day one, I have been kept well informed all the way through." Staff knew people well and supported them to be involved in planning their care. Staff were kind and gentle in their approach to people. One person told us, "They are lovely girls, always kind and helpful." Staff had a good understanding of the need to maintain people's confidentiality. People told us staff treated them with respect and maintained their dignity. People were supported to remain as independent as possible.

People were receiving care that was personalised according to their needs and preferences. Care plans included details of what was significant for people, including cultural or religious needs or preferences, people, events and routines that were important to them. People and their relatives were supported to make plans for the end of their life and the registered manager told us that they were developing an end of life strategy to guide staff in this area of practice. A relative told us about their experience when their relation was at the end of their life, describing the care provided as "exceptional."

A wide range of organised activities and events were available at the home. People's interests and hobbies were considered when planning activities and staff spent time with people in their rooms to ensure they were not isolated. Staff supported people to access events and facilities in the local community on a regular basis. One person said, "I love going out for a pub lunch. It's a normal thing isn't it and stops you feeling institutionalised." Staff had developed links within the local community and people benefitted through access to services, people and events. People's aspirations were considered and staff used links with local organisations to meet their wishes.

People told us they knew how to raise any complaints or concerns and would feel comfortable to do so. The registered manager took action to address people's concerns and used learning from complaints to make improvements at the service.

Systems and processes were in place to provide clinical governance and to monitor the standards of care provided. People's views were sought in a variety of ways including through regular meetings, informal

discussions and with a quality assurance survey. Monitoring of complaints and incidents and accidents also contributed to learning that was used to drive improvements. There was a clear management structure and staff understood their roles and responsibilities. Staff reported feeling well supported and described effective team work. Staff and people spoke highly of the registered manager.

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 consistently safe.

There were enough staff to care for people safely but deployment of staff meant that some people were waiting longer than they should expect for their care needs to be met. The provider had robust recruitment systems.

Risks to people were assessed and managed effectively. Infection control measures were in place. People were supported to take positive risks to retain their independence.

Medicines were managed safely. Staff had a clear understanding of their responsibilities with regard to safeguarding people. Incidents and accidents were monitored and used to make improvements in the service.

Is the service effective?

Good

The service was effective.

People were supported by staff who received the training and support they needed. Staff communicated effectively and people were supported to access the health care services they needed.

People were supported to have enough to eat and drink. Their needs were met by the adaptation and design of the building.

Staff understood their responsibilities with regard to the Mental Capacity Act 2005. People's needs had been assessed holistically and their preferences were considered.

Is the service caring?

Good

The service was caring.

Staff knew people well and had developed positive relationships with them.

People were treated with kindness and their dignity and privacy was protected.

People were supported to express their views about their care and support.

Is the service responsive?

Good

The service was responsive.

People's care was personalised and staff were responsive to changes in people's needs.

People were supported to follow their interests with a wide range of activities and with individual support.

People knew how to complain and felt confident their concerns would be acted upon.

Is the service well-led?

Good

The service was well- led.

There were effective management systems in place to monitor quality and drive improvements. People and staff were involved in developing the service.

The provider's values were understood and embedded within staff practice. There was visible leadership and staff understood their roles and responsibilities.

Staff had made links within the local community and staff had developed positive working relationships with partner agencies.

Wellington Grange

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 over three days. The initial inspection on 19 and 20 September 2017 was unannounced. A third date was arranged with the provider as due to unforeseen circumstances, the inspector was not able to complete the report. A third date was necessary to ensure completeness of information for the inspection report. The inspection on 12 December 2017 was announced and the inspection team consisted of two inspectors, an assistant inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection on 12 December 2017 we reviewed information we held about the home, including information obtained on 19 and 20 September, any notifications, (a notification is information about important events which the service is required to send to us by law) and any complaints that we had received. The provider had submitted a Provider Information Return (PIR) before the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. This enabled us to ensure that we were addressing any potential areas of concern at the inspection.

We spoke to13 people who used the service and two visiting relatives. We interviewed 10 members of staff and spoke with the registered manager. We looked at a range of documents including policies and procedures, care records for 14 people and other documents such as safeguarding, incident and accident records, medication records and quality assurance information. We reviewed staff information including recruitment, supervision and training information as well as team meeting minutes and we looked at the provider's management systems.

The home was registered in March 2016 and this was the first inspection of the home.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Wellington Grange. One person said, "I am definitely safe here because of the staff. My room is safe and my possessions are secure too." Another person said, "It's busy, well- lit and there are plenty of people around so I feel safe here." A third person said, "If I didn't feel safe I would talk to my family." A visiting relative told us that their relation was safe, saying, "Staff always leave the call bell in reach and they would notice if he was unwell." Despite these positive comments we found some areas of practice that needed to improve.

The provider had a system for identifying how many staff were needed to care for people safely. On the top floor of the home people who had nursing needs required more support. People and staff told us that deployment of staff in this area of the home was causing concern. People told us, when they rang their call bell sometimes they waited longer then they should have to expect for their needs to be met. One person said, "You have to wait because they have a lot of people to put to bed. I must say I've hung on to go to the lavatory for some time. It's worse in the evenings mainly." Another person told us, "I am waiting to be washed and got up, I've made it known that I wish to get up and washed before lunch, it's frustrating because I've had to put my visitors off." A third person told us, "There's a lack of carers. You can't get up for the early activities at 10 am. People on this floor suffer because they need two staff to help them." People who had rooms in other areas of the home told us that their call bells were usually answered promptly but some people said this was not the case during the night. One person said, "You can wait a very long time, I was waiting on the bed for an hour in the middle of the night. I rang and rang." Another person said, "Usually they are quick but sometimes it's a long, long wait in the night." A third person said, "They (Staff) don't always come when you want, they are very busy. Sometimes they pop their head in and say, 'I'm busy can you hang on?' It's not the girl's fault. " The registered manager analysed records of the call bell system to assure themselves that people were receiving an appropriate response. One report confirmed that over a month, approximately twenty per-cent of call bells had taken more than five minutes to be answered. Notes from a recent staff meeting showed that incidents relating to call bells and staffing levels were discussed and noted staff comments about difficulties in responding at times.

Staff told us that they felt staffing levels across the home had improved but there were not always enough staff on the top floor where people had higher levels of need. One staff member said, "We get really pushed at times, especially in the morning." They explained that they felt there was additional pressure because most people on the top floor needed support from two staff to care for them safely. Another staff member said, "It would be good if we had more staff, sometimes residents apologise for using their bell and that is not right." Staff reported having to run from one end of the corridor to the other end to answer call bells and we observed that this was happening. One staff member said, "Even when we answer the bell we cannot do much on our own because most people need two carers, they end up waiting until two of us are free." Staff working in other areas of the home told us that they were satisfied that there were enough staff to care for people safely but they all mentioned that the top floor was 'different' because it was busier. One staff member said, "I wouldn't want to work up there again, it was very pressured." Another staff member said, "It's a different ball game up there, the staff are very pushed."

Our observations confirmed that staff working on the top floor of the home were very busy and that most people living on that floor required support from two care staff. At times staff were under pressure to ensure people's needs were met in a timely way. The registered manager told us that staffing levels were under constant review to ensure people's safety was maintained. There had been an uplift in the number of staffing hours in recent months, and records confirmed that staffing levels were maintained with use of agency staff when necessary.. We did not judge there to be a breach of regulation because there were enough staff on duty to keep people safe and staff were effectively managing risks. However, the timeliness of response to call bells was having an impact upon some people's dignity and upon some people's social activities. Following the inspection the registered manager told us that they had reviewed how staff were deployed across the home and had made a number of changes to the way teams were allocated. They reported that pagers were provided to all staff to ensure that call bells were answered in a timely way and this had improved response times. An additional staff member had been introduced to start at 7am enabling people to get up earlier if they wished to do so. The registered manager reported that improvements in staff responsiveness had been noted following these organisational changes. We identified that the deployment of staff is an area of practice that needs to improve to ensure that changes become embedded and sustained so that people do not have to wait longer then they should expect for their needs to be met.

The provider had an effective recruitment process that ensured staff were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. Staff had obtained proof of identity, employment references and employment histories. We saw evidence that staff had been interviewed following the submission of a completed application form. Files contained evidence to show, where necessary, staff belonged to the relevant professional body. Documentation confirmed that nurses employed had up to date registration with the Nursing and Midwifery Council (NMC).

Risks associated with the safety of the environment and equipment were identified, assessed and managed to ensure that people remained safe in the home. A fire risk assessment had been completed and records showed that staff undertook regular checks to ensure that systems such as fire alarms and emergency lighting were maintained. There was a maintenance manager who was knowledgeable about the service and knew the fabric of the building well. Health and safety records were thorough and up to date and regular audits ensured that issues were identified and managed appropriately. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP) in place. This ensured that specific risks were known about and could be managed in the event of an emergency. For example, where an oxygen tank was in use this had been identified within a PEEP so that emergency services would be made aware of this additional risk in the event of a fire.

Risks to people had been assessed and systems were in place to monitor and review risks to keep people safe. For example, some people were identified as being at high risk of developing pressure damage. Validated tools, called Waterlow assessments, were being used to identify the level of risk for each person and this was reviewed on a regular basis. Measures were put in place to mitigate the risks including use of a pressure relieving mattress. Care plans included guidance for staff in how often to support the person to reposition regularly to avoid a pressure area from developing. Where one person's skin integrity had deteriorated staff had contacted a tissue viability nurse (TVN) for advice. Staff were maintaining consistent records to ensure effective monitoring of any changes.

People's mobility was assessed and risks were identified and managed. Some people required equipment to help them to move about. One person had been assessed as being at high risk of falls and needed two staff

to help them to move with the use of equipment. There was clear guidance in place for staff to identify which equipment to use. Advice had been provided by a physiotherapist in how to assist the person to move and this was included within the care plan. Staff had received up to date training in use of equipment such as stand-aids and hoists. We observed that they were skilled and confident when supporting the person to move. They explained what was happening and gave the person clear instructions and reassurance throughout the process.

Some people had specific health needs and risk assessments and care plans had been completed to guide staff. For example, one person was living with Diabetes. Records identified the type of diabetes that the person had and how the condition was managed. There was clear guidance for staff in what support the person needed to manage their condition. Records showed that regular checks were maintained to monitor the person's weight in line with guidance in their care plan.

Staff supported people to stay safe but respected their right to maintain their freedom by taking positive risks. For example, some people were being supported to manage some or all of their medicines independently. Where people had expressed that they wished to manage their own medicines a positive risk assessment was in place to identify risks. This included risks associated with taking more than the prescribed dose of the medicine or not taking medicines as prescribed. Staff made regular checks to ensure that people were continuing to manage their medicines.

People were receiving help to manage their medicines. Staff had access to the provider's medicines administration policy and other information including patient information leaflets and National Institute for Clinical Excellence (NICE) guidelines. This helped staff to keep up to date with best practice in administering medicines and equipped them to respond to questions that people might have about their prescribed medicines. We observed medicines being administered and found that staff were knowledgeable about people's needs and the medicines that they were prescribed. Medicines were stored securely. Records showed that temperatures were consistently monitored to ensure that medicines were stored within the required temperature range to protect their efficacy. Medication Administration Record (MAR) charts were consistently completed to provide accurate records. Some people were receiving PRN (as required) medicines. There were clear PRN protocols in place to guide staff in when these medicines should be given. People's medicines were regularly reviewed with their GP and the outcome was documented in people's care records. When medicines were no longer required staff followed safe procedures to ensure medicines were stored safely, disposed of appropriately and records were updated. Systems for ordering and receiving medicines into the home were effective and audits were completed regularly to check stock levels. Our observations confirmed that staff were confident in the medicine systems at the home. We saw staff administering medicines to people and they followed safe procedures in line with the provider's policy. Staff offered people their medicines in a discreet way to protect their privacy. Staff ensured that people had a drink and checked that they knew what their medicines were for. People told us that they received their medicines when they needed them. One person said, "If I need a painkiller I just have to ask and they bring it straight away."

People told us that they would know what to do if they didn't feel safe at the home. One person said, "I would talk to the manager straight away." Another person said, "My daughter would sort it out." A third person named a member of staff who they would trust if they felt worried. Staff had received training in how to recognise signs of abuse and demonstrated that they were aware of their responsibilities to safeguard people. The provider's safeguarding policy reflected the local authority arrangements. Staff knew where to access the policy which gave clear guidance in the event that they needed to report a concern. The registered manager maintained oversight of safeguarding incidents and records showed that they had reported incidents appropriately.

Staff were following recommended infection control procedures throughout the home. One staff member told us that senior carers were responsible for training staff in infection control procedures and ensured that staff were using appropriate personal protective equipment such as gloves and aprons. People spoke highly of the housekeeping arrangements at the home. One person said, "The way the staff manage our laundry is superb." Another person told us, "Everywhere is spotless, the home is beautifully maintained." A number of recent compliments had been received from people at the home and their relatives expressing their admiration for the housekeeping staff and the standards of cleanliness at the home. Our observations confirmed that there was a high level of cleanliness throughout the home.

Incidents and accidents were recorded and monitored. Comprehensive details of each incident showed that investigations were thorough and actions were taken to prevent reoccurrences where possible. The registered manager maintained oversight of all incidents and accidents.

Good

Is the service effective?

Our findings

People told us they had confidence in the skills and knowledge of the staff. One person said, "The staff are very well trained and know exactly what to do." Another person said, "The quality of the staff here is excellent." Other people's comments included, "Most of the staff are well trained," and "The permanent staff are." A relative told us, "The staff were spot on with pressure care and they kept me very well informed."

Staff members told us that they were provided with the training they needed. One staff member said, "I have done a lot of training and it has all been helpful." Some staff had additional responsibilities as 'champions' in specific subjects, for example as a skin integrity champion and a nutrition champion. A staff member told us that champions had a lead for a particular area of interest and staff could go to them for additional support or information. When new staff started working at the home they were assigned a mentor who helped them to settle in and complete their induction training. A staff member told us that agency staff also had an induction when they first came to the home so that they got to know people.

Training records confirmed that staff had completed training that was relevant to the needs of people they were caring for. For example, dementia friends training was completed by all members of the staff team. Care staff had completed moving and handling training and nursing staff had access to clinical training such as wound care, to ensure their skills were updated. Staff told us they could request training on any subject that was relevant for their role.

Staff were receiving regular supervision and appraisals. Supervision is a mechanism for supporting and managing workers. It can be formal or informal but usually involves a meeting where training and support needs are identified. It can also be an opportunity to raise any concerns and discuss practice issues. Staff told us that they found supervision meetings useful. One staff member told us, "My last session was really good and very helpful. The manager is good at supporting career development and is always approachable."

Staff said they felt well supported in their roles and described effective team work. One staff member said, "We are a good team, communication is good and we work well together." There were systems in place to support good communication between staff. A handover meeting happened at the beginning and end of each shift. Staff told us this ensured they were kept up to date with any changes that they needed to be aware of, such as with people's needs, wishes or arrangements. One staff member explained, "Handovers work well, everyone is spoken about and they are very helpful." Another staff member said, "It's often how we learn about any changes or what needs to happen differently. For example, if someone had an appointment or their medicines have changed, or if they were not well." Printed handover sheets provided useful information for staff about each person.

Staff told us that they had developed positive relationships with a range of health care professionals. One staff member said, "The GP is very helpful and we have a good working relationship." We observed a staff member discussing concerns for one person with a visiting health care professional, they provided a clear picture of the person's current situation and identified specific changes that were causing concern.

People told us they were supported to access the health care services they needed. One person said, "You can always ask to see the doctor, and there is a chiropodist who comes in." Another person said, "The doctor usually comes at lunchtime." A third person told us, "I had to go to the doctor and they (Staff) came with me. The dentist and chiropodist come here." People told us that staff would go with them if they needed support to attend an appointment. The provider offered access to specialist support from a physiotherapist and from an Admiral Nurse (a nurse with expertise in dementia). A staff member told us that advice from the Admiral Nurse had supported staff in providing appropriate care and support for someone who was living with dementia. A district nurse was visiting on the day of the inspection to take some blood tests. Staff told us that one person, who was living with mental health problems, had involvement and support from the older people's mental health team. A tissue viability nurse (TVN), was supporting some people who had pressure damage and staff told us that the advice they gave was helpful in achieving effective healing outcomes.

Most people spoke highly about the food provided at the home. One person described it as "Delicious." Another said, "It's very good, there is a great deal of choice." A third person said, "The kitchen does well, the food is good." Some people were less positive and their comments included, "The food isn't as good as when I was first here," and, "There's been a bad patch but it seems better now." Staff told us that most complaints received related to food but said that the registered manager had been meeting with people to address their concerns and improvements had been made.

People could choose to eat in the main dining areas or could have a meal in the restaurant area known as the Bistro. Staff told us that food in the Bistro was cooked to order, similar to a restaurant and people could invite friends and family to join them. The home also had café areas where people could have drinks and snacks. People told us they were able to make drinks themselves in these areas. We observed the lunchtime meal in the main dining area. People were able to choose where to sit and staff supported people discreetly. There was a sociable atmosphere, people were chatting with each other and with staff. Where people needed support to eat staff were attentive and assisted people in an unhurried way. One staff member was observed supporting someone, they asked if the person would like a drink first and then asked, "What would you like to try first, the lamb or the red cabbage?" The staff member waited for the person to respond and checked each time before supporting them to eat. Staff were heard checking if people had enjoyed their food and offering them more if they wanted it.

Eating and drinking care plans were personalised and included people's preferences as well as noting foods they disliked and any allergies. People's cultural and religious preferences with regard to certain foods were also noted. Staff told us that the chef met with people individually to gather information about their preferences and care plans were updated as part of this process. Some people had been identified as having specific risks and nutritional needs. For example, some people were identified as being at risk of choking. Records showed that staff had made referrals to speech and language therapist (SALT) and their advice was included within the care plan to guide staff in how to support people safely for example, with a soft or pureed diet. Where nutritional risks were identified a Malnutrition Screening Tool (MUST) was used to assess risks of malnutrition. People's weight was monitored regularly and care plans included measures to improve their calorie intake. For example, staff told us that people were offered milkshakes and smoothie drinks to increase their nutritional intake. Throughout the inspection we observed that people were offered drinks and staff were supporting and encouraging people to remain hydrated. Where people were at risk of dehydration, fluid charts were used to monitor their intake. Daily targets amounts were identified on fluid charts and staff told us that if people were not meeting their recommended amount this would be highlighted during their handover meeting so that staff were aware to encourage them to increase their fluids. Records confirmed that people were receiving the fluids they needed.

People's needs had been holistically assessed and care plans were based upon assessments of their needs and wishes. People and their relatives told us that they had been involved in developing their care plans. Records showed that care plans were regularly reviewed and updated to reflect care delivery. Staff used validated tools to assess people's needs and to keep them under regular review.

Care planning was person centred and took account of people's diverse needs, including their religion, disabilities and aspects of their life that were important to them. For example, one care plan identified that a person's religion was very important to them and described the importance of their beliefs. If people had expressed a preference regarding the gender of their care staff this was recorded and respected. Care plans included a description of the person with information about their personal history such as their upbringing, family, and previous occupation as well as interests and hobbies that they enjoyed. Care plans were comprehensive and identified people's individual needs and provided clear guidance for staff in the level of assistance that was required to meet those needs. For example, one person had risks associated with their mobility. A moving and handling assessment clearly determined the level of risk and detailed that the person required support from two staff members to move with the aid of equipment. Another person's care plan identified specific goals that they were working towards to improve levels of independence following a recent fall. The person told us that they had been included in developing the care plan with support from a physiotherapist.

People told us that they were able to move around the home freely. Three passenger lifts enabled people to have access to each floor. Some people were using wheelchairs to get around. One person told us, "There is plenty of room for wheelchairs, the doorways and corridors are nice and wide." Doors to ensuite bathrooms opened in both directions, staff told us this enabled people to move around easily with walking aids and equipment. There was level access to the garden and we observed people spending time in the garden, both independently and with the support of staff. The home was comfortably furnished with attractive seating areas. People told us that there were spaces around the home where they could spend time with their visitors comfortably, away from the main communal areas. One person said, "We can enjoy time with family and friends in private without having to sit in our bedrooms." An electronic board in the main reception area of the home was used to display information about activities happening in the home and menu choices available that day. One person told us, "I usually check on the notice board if I forget what's going on."

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 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 or authorisations to deprive a person of their liberty were being met.

Staff had received training in the MCA and were able to demonstrate a basic understanding of the principles of the Act. Throughout the inspection we observed staff were checking with people before providing care. Staff were heard asking, "Can I help you with that?" and "Would you like me to assist you?" One person told us, "The staff always ask me whether I'm happy for them to do things, I never feel pressured." Another person told us, "They don't do anything against my will." Staff had considered whether people had capacity to consent to their care and treatment in line with the legislation and guidance. For example, some people needed to use bed rails to keep them safe. A risk assessment for the use of the bed rails was in place and the

person's consent was noted along with a confirmation that they had capacity to consent. People told us that staff respected their wishes and staff told us that people were able to take risks if they had capacity to make a decision. For example, one person had been assessed as needing to have regular checks by staff. However they had chosen not to be disturbed during the night. A positive risk assessment was in place detailing that the person was aware of the risks but had chosen not to have regular checks through the night. Staff confirmed that the person had capacity to make this decision.

The registered manager told us that some people were living with dementia and they were receiving support from an Admiral Nurse, specialising in dementia care. This included supporting staff with mental capacity assessments to determine if the person was able to consent to specific decisions. Where people lacked capacity or if their capacity fluctuated, best interest decisions were made and documented appropriately. DoLS applications had been made for people who lacked capacity to consent to restrictions placed on them. This showed that staff understood their responsibilities with regard to the legislation and guidance.

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the caring nature of the staff at Wellington Grange. One person said, "All the staff are so kind and attentive, there's nothing I would change." Another person told us, "I get along with the staff extremely well, they are all very, very friendly." A third person said, "They are very caring, they look after everyone here." A relative also spoke positively about the staff, saying, "My relation has been extremely well cared for. All the staff are nice, the housekeeping staff always chat and ask how things are going. The kindness, the TLC and the love, it has been above and beyond." Another relative told us, "The staff are lovely, they can't do enough really."

Staff knew people well and had developed positive relationships with the people they were caring for. For example, one staff member was able to tell us about a person's background including their previous employment and people who were important to them. They described their preferred routine in the morning and knew what mattered to the person. Another staff member spoke compassionately about a person who they were supporting, describing their background and saying, "I managed to get them to smile, they have been so low recently, we have been really worried." Throughout the inspection our observations were that staff were attentive and kind to people. They took time to chat to people, both when they were supporting them with care tasks and at other times. We observed staff using gentle touch, bending low to make eye contact with people and taking time to ensure they had heard and understood them properly. One staff member was heard encouraging someone with kind words, saying, "You are doing wonderfully, if you need any help just ask, don't struggle." Another staff member was seen supporting someone to move, they were patient and kind, giving the person clear instructions, ensuring they had heard them and waiting patiently for them to respond. Later the person told us, "They are lovely girls, always kind and helpful."

People told us that staff were polite and spoke to them appropriately. One person said, "They are always very courteous." Another person said, "They are always polite and make sure I know what's going on." A relative said, "My relation is always polite to the staff and they respond well. All the staff are lovely, the receptionist, the gardener, everyone." Another relative said, "They have always included me from day one, I have been kept well informed all the way through. It's meant that I could relax and not have sleepless nights."

Some people had communication difficulties due to sensory needs. Care records included information about how to support people who had specific communication needs for example, as a result of sensory loss. One person's communication care plan included guidance for staff to ensure the person could wear their hearing aid and glasses. Records showed that the person had regular sight and hearing tests. Another communication plan showed that the person had previously enjoyed reading but was no longer able to manage. Their care plan included guidance for staff about the type of literature and poetry that they person enjoyed and there was planned time in the activities programme for staff to sit and read with the person. Staff told us that this happened regularly and records confirmed this. Staff also told us how they supported one person to remain in contact with family and friends through electronic communication. We observed a staff member supporting the person to use an electronic note pad to answer emails.

People told us that they had been supported to express their views and to make decisions about their care and support. One person said, "I was involved in writing my care plan. I did feel that I was listened to." Another person said, "I do have a care plan, I have read it but I never look at it now." One staff member described the ethos of the home as, "Giving residents what they want." Another staff member said, "We know people so well, and we know how they want things done." A third staff member gave an example, saying, "We know exactly how much help people need but they might want us to let them try on their own, we have to be sensitive to their wishes and only step in when they really need help." People's care plans reflected the views they had expressed and the choices they made. For example, some people had expressed a preference to receive personal care from staff of a particular gender and this was recorded in their care plan.

Staff recognised when people wanted support from people who were important to them and ensured that they were included, involved and given information that was relevant. People told us that their agreement was sought for this to happen. One person said, "The staff always check with me what I want people to know, they don't just assume." Another person said, "The staff will contact my son, if I want them to." Care records showed that information was provided to people and to their relatives. For example, family members with legal authority, had been provided with details of an assessment carried out by a health care professional to support them in making decisions that were in the person's best interest.

Notes from a recent relative's meeting included a discussion about sharing people's private information and the provider's responsibility to only share information with people who had the proper legal authority. Staff told us they were aware of their responsibility to protect people's confidentiality. A staff member told us about how they had learnt about maintaining confidentiality in the provider's induction programme. One staff member told us, "We can't discuss people, not with other residents or out in the community." People told us they were confident that staff protected their confidentiality, one person said, "I have no reason to think otherwise."

Staff understood the importance of encouraging people to remain as independent as possible. One staff member said, "It keeps people's morale up if they can do things themselves." Throughout the inspection we observed staff supporting people to remain independent. For example, some people were managing some or all of their medicines and others were seen making drinks in the café areas around the home. One person told us, "I can manage most things but I'm not afraid to ask the staff when I need a bit of help." Another person said, "I like to be as independent as I can, I need help with most things now but I still try and do what I can and the girls are lovely, they know what I can and can't do."

People and their relatives told us that they were treated with respect and their dignity was protected. One person said, "The staff are very good, they are respectful and treat me gently." Another person said, "They always knock on the door before they come in." We observed staff waiting for people to respond before entering their rooms. Another person told us, "If I'm having a bath they always close the curtains and shut the door to preserve my privacy." A relative said, "The staff are very discreet, I notice they keep their eye on people and never draw attention to things, they just offer help quietly to preserve people's dignity." A staff member told us how they supported someone with personal care, they described having everything they needed to hand and ensuring that the person was not exposed for too long. They explained, "It's about making sure people feel comfortable and do what they can for themselves." Another staff member told us, "If a relative was visiting I would always ask them politely to leave the room to protect the person."

People told us that their visitors were made to feel welcome by the staff. One person told us, "You can feel proud of the welcome people get here, they are definitely offered good hospitality which is what I would want if they were visiting me in my home." Another person said, "We can invite people for meals or even

parties if it's an occasion, the chef is very accommodating." A relative spoke highly of the support they had received from staff. They said, "The care for my relation was exceptional, and the support I received was fantastic too." Staff told us that there were no restrictions on when relatives could visit.

Good

Is the service responsive?

Our findings

People were receiving care in a person- centred way. One person said, "We can choose how we spend our days." A relative told us, "My relation received wonderful, individual, attention. The staff go out of their way to get it right for people."

People's needs had been assessed and care plans reflected their physical, mental, emotional and social needs. People's sensory needs had been assessed and care plans included guidance for staff in how to support people with communication needs. People and their relatives told us that they had been involved in the care planning process. One person described being asked, "Just about everything you can think of." A relative said, "They take the time to get to know people and put a lot of effort into getting it right." Care records reflected people's preferences and wishes and guided staff in how to provide person centred care. For example, care plans included details such as people's preferred names and we observed that staff were addressing people in this way. Care plans included details of people's preferred routines. For example one care plan described a person's preference to have breakfast and a cup of tea in bed in the morning. Staff told us that care plans were accurate reflections of the care that was provided. One staff member told us about a person's preference for specific television programmes and we noted that this was reflected within their care plan. Another care plan identified that a person enjoyed fresh air and liked to go outside every day if possible. During the inspection we observed a staff member supporting the person to go out into the garden on two occasions.

Staff told us that they would recognise any changes in people's needs. One staff member said, "If we see them beginning to struggle with something we report it." Another staff member gave an example of someone whose mobility had deteriorated. They explained, "We noticed it was getting difficult for them in the evening, when they were more tired. The care plan has been adjusted and we use the stand aid in the evening now. "This change was recorded within the person's care plan. During the inspection we observed staff discussing their concerns about one person who they felt was low in mood. One staff member described trying to encourage the person to come out of their room and join an activity. Another staff member commented on the activity that the person usually enjoyed and suggested talking to the person again. Staff were later observed spending time with the person. A relative told us that they were confident that staff would notice changes in people's needs. They said, "I think they are very on the ball in that way, they notice little things that I wouldn't have necessarily seen." This showed that staff were aware of signs that indicated changes in people's needs and took appropriate actions to adjust their care plans accordingly.

People told us that they enjoyed the range of activities that were available at Wellington Grange. Their comments included, "There's a very interesting programme of events," and "I like to join in and I play scrabble and rummy." One person told us, "They have entertainers, school children to come in and sing and films." The provider employed a team of 'companions' to provide support with people's social needs. The team leader described a wide range of social events and individual activities that companions initiated. They explained how people were welcomed into the home and a companion would take the lead in getting to know the person, their interests, hobbies and any activities that they had previously enjoyed. For

example, one person had been a keen gardener but felt they could no longer maintain their hobby as their mobility had declined. The staff member described how they had built gardening into their activity programme including trips to a garden centre and to country gardens in different seasons of the year. Potting and planting activities and flower arranging sessions were included in the programme to encourage the person's interest. A monthly calendar of organised events included trips out in the local community which people could sign up for. The home had access to a mini-bus and were able to accommodate up-to six trips during the week. The registered manager told us that additional trips were arranged for people who were able to use a taxi to go out. Some people were able to go out in the evenings, for example to the theatre, others preferred daytime trips. People told us they enjoyed the outings. One person told us that they liked the regular visits to the local Cathedral. Another person said, "I love going out for a pub lunch. It's a normal thing isn't it and stops you feeling institutionalised." A third person who was using a wheelchair told us that they enjoyed trips out on the bus. People spoke highly of the support staff gave them during outings, one person said, "The chap who drives the bus, everyone loves him." Another person said, "The staff push us round in wheelchairs, they never complain." A third person spoke about their enjoyment of a trip to hear the Royal Marines band play, saying, "The staff were very good, they rushed off in the interval to get us a drink, six of us went and we thoroughly enjoyed it."

Events that people had taken part in were recorded in books filled with photos. This showed that there was a wide range and variety of events and activities provided to stimulate and entertain people. One person told us about a week long, "Cruise" event. They explained that each day of the week there was a theme relating to a different country which included activities associated with that country and a menu reflecting regional food and drink. They explained, "It really reminded me of when I was on a cruise and you stopped at different places and experienced the food and culture. It was a lot of fun and I think everyone enjoyed it. The staff all got involved." We observed group activities taking place on the day of the inspection. Some people were involved in an art group making seasonal cards. People were also being supported individually by companions who were spending time with people in their rooms. Records showed that people who were assessed as being socially isolated were allocated regular visits with a companion. For example, one person who had a visual impairment had always enjoyed reading books. Their care plan described their wish for a companion to visit and read books for them. Records showed that this was happening on a regular basis.

People's spiritual and religious beliefs were recorded within their care plans. For example, one care plan recorded a person's preference to attend bible sessions and hymn singing. Another care plan described a person's faith as being very important to them. People told us that they were supported to attend church services and felt that their religious views were respected. One person said, "There's quite a few people here who have strong religious beliefs and they can attend services when they want to."

People's aspirations and wishes were identified and recorded. A staff member told us people were asked, "What can we do to make your day special?" They described how people had celebrated special occasions at the home, with cakes and parties arranged for them. The staff member went on to explain that they tried to arrange special events, 'To make a wish come true.' For example, two people had told staff about their love of classic cars, staff had contacted a local classic car club and invited them to bring cars to the home to surprise people.

People and their relatives were supported to make plans for care at the end of their life. Records showed that people's views and wishes were captured within advanced care plans and included what was important to them as well as practical information. For example, preferences for funeral arrangements were included for some people. Where people were nearing the end of life, arrangements were in place so that anticipatory medicines could be accessed quickly to ensure that people's symptoms were effectively managed. One relative who was recently bereaved told us about the care and support that staff had given their relation at

the end of their life. They described the care as; "Exceptional," and mentioned how one staff member in particular had provided, "Wonderful" care. They told us, "I cannot fault the care, she treated her as if she was her own mother." A staff member described how they offered emotional support to people and their relatives saying, "We arrange for a staff member to sit with people if that's what they want. We are there to support the family so they can be as involved as they want to be at the end." A number of relatives had written complimentary letters to the registered manager following the loss of their relation. One letter mentioned, 'The sympathetic and loving care provided by the staff.' Another mentioned, 'The humanity you have shown us all has been wonderful.'

People and their relatives told us that they would feel comfortable to raise any complaints or concerns. One person said, "I'd go straight to the boss," another said, "I don't think there's much to complain about here." They went on to tell us that they were confident that any concerns would be listened to and acted upon. Staff told us that they would encourage people to raise any issues or complaints. One person told us about an incident that had occurred and said, "I was asked if I wanted to make a complaint." We noted that there was a box in the reception area where any comments or concerns could be raised.

The provider had a robust system for monitoring complaints and the registered manager told us that there had been a number of complaints relating to food at the home. Records showed that meetings had been arranged to address people's concerns. People told us they felt their concerns would be listened to and acted upon. A relative told us, "There were complaints regarding call bells not being answered in a timely way. I think the new manager has addressed this." Following the inspection the registered manager confirmed that they had met with people and their relatives to address their concerns about response times to call bells and to explain what measures had been taken to address these complaints. People and relatives told us that they were encouraged to provide feedback on the service. One relative said, "The residents and relatives meetings are happening more now, there are very open, any issues can be raised and discussed there."

Good

Is the service well-led?

Our findings

People and their relatives told us that they felt the home was well run. One person said, "It's extremely well run. "Another person said, "It is with the new manager, I have watched it develop." A relative told us, "Things have changed quite a bit; the new manager has already made a difference, they listen and get things done." The previous manager had left in September 2017 and the new manager had become registered with CQC from 30 November 2017. The registered manager explained that there had been a transitional period as they were settling into their role and that they had been well supported by the operations manager. People we spoke with knew who the registered manager was and described them as having a clear presence in the home. One person said, "We have an excellent new manager, she is our angel. She is very aware of things, her eyes are everywhere."

Staff spoke highly of the registered manager and considered the home to be well run. One staff member said, "The manager is good, we can have access to her all the time, she encourages us to come to her." Another staff member said, "There have been improvements since the new manager came, in documentation, maintenance and staff training. We are building up standards." A third staff member told us, "The registered manager makes changes if we suggest improvements, she listens to us."

There was a clear management structure within the home and staff understood their roles and responsibilities. Staff told us that communication within the home was good. A daily meeting was held with heads of each department to ensure that the registered manager was kept informed. Staff meetings were held regularly and records showed attendance was consistent. Notes from staff meetings included suggestions made and issues raised by staff members. Staff told us they felt their contributions were welcomed.

Governance arrangements included a variety of audits to monitor quality and clinical governance reviews. For example, a tissue viability audit was completed each month detailing the extent of any pressure damage. Other audits included monitoring of weight loss and any acquired infections. This provided the clinical lead and the registered manager with oversight of clinical care at the home. Analysis of incidents and accidents included actions taken to address the issue. This information was used to drive improvements. Since the inspection the registered manager has told us about a number of changes that have been made in response to feedback from people and staff. This included reviewing and making changes to the deployment of staff and the allocation of work across the home. The registered manager reported that, whilst not yet fully embedded and sustained, these changes had already improved the service for people.

The provider undertook regular surveys to gain the views of people, their relatives and health care professionals who worked with people. The results were positive and had been published in a colourful format which included visual representations of the results. A staff member told us that other opportunities to gather feedback from people were sought and actions taken. For example, people were asked about whether they felt there was enough to do at the home. Some people had told them they were bored during the evening when the home was quiet. As a result of this feedback, a companion's hours were changed to include evenings and this enabled the introduction of some evening activities including a gin party.

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely manner, about any events or incidents they were required by law to tell us about. They were aware of the requirements following the implementation of the Care Act 2014. For example, they were aware of the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager was also aware of new Key Lines of Enquiry (KLOES) introduced from 1November 2017. CQC uses a standard set of key lines of enquiry (KLOEs) to help us ensure that our inspections consistently look at what matters most. The registered manager told us they were developing an end of life care strategy, linked to the new KLOEs to improve end of life care for people at the home.

Staff had made links with the local community and staff spoke proudly of connections with local charities and fund raising that had taken place with people at the home to support these charities. A staff member explained that being able to contribute to fund raising efforts increased morale for people living at the home. They described how people and staff had got involved with the activities and derived satisfaction from raising money for local causes. Staff were proactive in identifying opportunities for people to access community events and functions for example, at the local theatre and rugby club. Staff had also made links with a local premiership football club. Arrangements were in progress for one person to visit the stadium to fulfil their expressed wish.

Staff described positive working arrangements with other agencies including local GP and pharmacies as well and social care professionals. Records confirmed that staff consulted a range of health and care professionals and that their advice was included within people's care plans. One staff member explained how a physiotherapist had showed staff how to help a person with prescribed exercises and had been pleased with the person's progress once staff were supporting them.

The provider's values were described on their website as being friendly, kind, individual, reassuring and honest. Staff told us that their aim was to treat people living at the home with kindness and ensuring their health and happiness was the most important thing. Our observations throughout the inspection confirmed that staff understanding of the provider's values was embedded within their practice.