Davard Care Homes Limited

Welshwood Manor

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

This inspection took place on the 9 November 2016 and was unannounced.

The service is registered to provide accommodation for persons who require nursing or personal care for up to 34 people who are elderly and physically frail. On the day of the inspection we were informed that 31 people were using the service.

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 were kept safe by staff that could recognise signs of abuse and potential abuse and knew what to do to raise safeguarding concerns. Risk assessments and management plans were developed with people using the service and the multi-disciplinary team of healthcare professionals, nursing and care staff working at the service.

Robust recruitment procedures ensured that only suitable staff were employed to work at the service. Staff did not start working at the service until all of the necessary pre-employment checks had been carried out. The staffing levels at the service ensured there was sufficient staff available to meet people's care and treatment needs.

Robust medicines administration and monitoring systems were in place to ensure that people received their medicines safely.

All staff were provided with comprehensive training based on best practice and staff supervision and support systems were embedded into the service.

People were fully supported to make decisions about their care and treatment. The registered manager and staff team were knowledgeable about the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's capacity to consent to their care and treatment was regularly assessed and any restrictions placed on people's liberty was legally authorised using the least restrictive means.

People's nutritional needs, including those relating to their culture and religion, were identified, and accommodated. People attended healthcare appointments and they had good access to a range of healthcare professionals.

Staff treated people with kindness and compassion and people's rights to privacy and dignity were fully respected. Each person had a named keyworker and an independent advocacy service was used by people using the service.

Visitors were welcomed and facilities were available for people to meet their visitors in private.
People's care and treatment needs were fully assessed on admission to the service and the care plans reflected their current needs.

People using the service, relatives and staff were aware of the complaints procedure. Complaints raised with the service were responded to and investigated in line with the complaints procedure.

The ethos of the service promoted an open and inclusive environment where people's views mattered. Systems were in place for people using the service and staff to provide feedback on how the service could improve. Internal quality monitoring management systems ensured that all aspects of the service were regularly reviewed to identify areas to drive continuous improvement.

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

Staff knew how to protect people from harm and abuse.

Risk assessments and management plans were in place to reduce the risks of people coming to harm.

There were enough staff to ensure people were able to receive personalised care and support.

The staff recruitment systems were robust.

Robust medicines administration and monitoring systems were in place to ensure people's medicines were safely managed.

Is the service effective?

Good

Staff received comprehensive training based on best practice and staff supervision and support systems were embedded into the service.

Staff knew and understood the principles of working with the Mental Capacity Act 2005 (MCA) to support people in making decisions. They also knew that people could only be deprived of their liberty when it was legally authorised under the MCA.

People's nutritional needs, including those relating to their culture and religion, were identified and accommodated.

People had regular access to care and treatment from healthcare professionals.

Is the service caring?

Good

Staff treated people with kindness and compassion and their rights to privacy and dignity were fully respected.

An independent advocacy service was available for people using the service.

Visitors were welcomed and facilities were available for people to meet their visitors in private.

Is the service responsive?

Good

People's care and treatment needs were fully assessed on admission to the service.

The care plans fully reflected people's current needs.

People and their representatives knew how to raise complaints. Complaints were responded to and investigated in line with the providers complaints procedure.

Is the service well-led?

Good

The ethos of the service promoted an open and inclusive environment where people's views mattered.

Systems were in place for people using the service and staff to provide feedback on how the service could improve.

Internal quality monitoring management systems ensured that all aspects of the service were regularly reviewed to identify areas to drive continuous improvement.

Welshwood Manor

Detailed findings

Background to this inspection

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

This inspection took place on the 9 November 2016 and was unannounced. The inspection was carried out by two inspectors.

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 reviewed the information in the PIR. We also looked at information we held about the service from statutory notifications of events that the provider had submitted to the Care Quality Commission (CQC) as required by law. We also received feedback from commissioners that monitor the care and treatment of people using the service.

During the inspection we spoke with eight people using the service and five relatives. We also spoke with the provider, the registered manager, the deputy manager, a visiting GP, two care staff, two domestic staff, the cook and the activity person.

We reviewed records in relation to the care of four people using the service. We also reviewed three staff recruitment files, and other records in relation to the oversight and management of the service.

Good

Is the service safe?

Our findings

People using the service were protected from avoidable harm and abuse. All the people we spoke with told us they felt safe living at Welshwood Manor. One person said, "Oh yes I feel safe here. There is a security code system in place and no one could walk in. Anyone visiting has to ring the bell." The person further commented, "This is my home and the staff do all they can to accommodate me and make me feel safe."

Through our discussions with the staff we established they fully understood their duty of care towards keeping people safe from all forms of abuse. The staff told us they had been provided with safeguarding training and they were aware of the provider's safeguarding and whistleblowing policies; and had a good understanding of the different types of abuse and how they would report it. One staff member said, "If I witness or suspect abuse I would report it to the manager or the deputy manager." Another staff member said, "If I witness any of my colleagues being abusive to any of the residents here I would first of all ask them to leave. I would reassure the resident and report it immediately to the manager." A third staff member said, "I have never witnessed any form of abuse here. I am confident if I had to report a concern to the manager she would take the appropriate action and deal with it. I know I can blow the whistle and report it to CQC or the council if I feel that the concern was not addressed."

Records of staff training evidenced that safeguarding training was provided for all staff. The registered manager informed us that no safeguarding concerns had been raised since the last inspection of the service. We had not received any concerns about the service from the local authority safeguarding team.

Arrangements were in place to report, record and review accidents and incidents to make sure any themes were identified and necessary action was taken to mitigate the risks of further occurrences. Risk assessments were carried out and staff followed the information within the risk assessments.

Visitors to the service were required to sign the visitors' book on entering the building to manage the potential risk of strangers entering the building and also so that staff knew who was in the building in the event of a fire or any other emergency. Contingency plans were in place for responding to any untoward events. We saw that personal emergency evacuation plans (PEEP's) were in place for all people using the service. The information within the plans meant that emergency services personnel would have important information available to them in the event of an emergency requiring people to be evacuated from the building.

The staffing levels at the service were sufficient to meet the needs of people using the service. People using the service and relatives told us they thought the staffing levels were suitable to meet their needs. One person said, "Yes there are sufficient staff but if four people want to go to bed at the same time, it becomes a crisis as the staff cannot cut themselves in halves." Staff told us that the staffing numbers were adequate; however, they sometimes found it challenging when several people rang their call bells at the same time for attention. During the inspection we observed staff responded quickly to an emergency situation. The staff acted professionally keeping calm, offering reassurance to the person that required emergency assistance, and also to their visiting relatives.

The deputy manager told us that the dependency needs of people using the service were regularly reviewed using a recognised dependency assessment tool. The deputy manager explained that using the tool provided the rational for staffing levels to be continually adapted to meet people's changing needs. One member of staff said, " I think the staffing levels are good, we work very well as a team, we don't use agency staff, we would rather come in and provide extra cover if a member of staff is off sick."

The staff recruitment systems were robust and made sure that suitable staff were recruited to keep people safe. The service had a good track record of retaining staff, most of the staff we spoke with confirmed they had worked at the service for many years. The staff recruitment records contained evidence that the registered manager had obtained evidence of the staffs' suitability to work at the service as part of the recruitment process. This included proof of identification, and eligibility to work in the United Kingdom, written references from previous employers and enhanced checks had been carried out through the government body Disclosure and Barring Service (DBS).

The service managed people's medicines consistently and safely. People told us they received their medicines safely and at the prescribed times. One person said, "I get my tablets on time. They [meaning staff] bring them to me and make sure I take them. Medicines were only administered to people by the qualified nursing staff employed at the service. They confirmed they received updates to their medicines administration competencies.

We saw the medicines policy for the service covered all aspects of the safe management of medicines at the service. The policy also gave reference to best practice guidance from the National Institute for Health and Care Excellence (NICE) the Nursing and Midwifery Council (NMC). We saw that medicine records and stock checks were regularly completed. The records showed areas for improved recording had been identified and the action taken to address them. For example, one member of staff used a similar signature to that which corresponded to a code used for recording when a medicine was not available.

We saw that controlled drugs (CD) medicines were prescribed for some people using the service. We found the records in relation to the administration of CD medicines were robust and the medicines were stored appropriately.

Good

Is the service effective?

Our findings

People were supported to have their assessed needs, preferences and choices met by staff with the right skills and knowledge. All the people we spoke with thought the staff were trained to meet their needs. One person said, "Yes, the staff know what they are doing. They have helped me to get my life back. This is the truth; I was brought up if you can't speak the truth don't say anything at all."

Systems were in place to ensure that all staff received support through induction, supervision, appraisal and training. The staff told us they received regular updates to their training, and that they received supervision and appraisal. One staff member said, "We have updated training and regular supervision." Another staff member said, "I feel supported by the deputy manager. I am able to discuss work and personal matters with him." A third member of staff said, "The training is very good, when I first started working here I was given time to observe and read through the care plans." The majority of training including manual handling and safeguarding adults was provided in – house by the registered manager that held the Highfield Awarding Body for Compliance (HABC) Level 3 Award in Education and Training (QCF) in teaching adults.

The staff training records showed that staff had been provided with mandatory health and safety training, such as, safeguarding, moving and handling, infection control, food hygiene, first aid and fire safety. We saw that notices were on display in the staff areas informing staff of the planned dates for various training sessions. The staff told us they received support from the registered manager and the deputy manager and that supervision and appraisal meetings took place to discuss their performance and any training needs. We saw that dates were planned in advance for the supervision meetings to enable staff to prepare and plan the areas they wished to discuss.

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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that capacity assessments had been carried out for people using the service. Identifying elements of daily care and support. Where people were assessed as not having capacity to make specific decisions, the provider had worked with their representatives and other health and social care professionals to reach best interest agreements. The assessments had identified that two people using the service lacked the capacity to understand and consent to the use of bedrails. In response the registered manager had applied to the local authority to request standard deprivation of liberty authorisations to be considered. .

People's consent was gained before assisting them with care and support. One person said, "The staff always ask for my consent and explain to me what they are going to do. They would say do you feel dry enough or is there anything else I can do for you?" One staff member said, "We always explain to the

residents how we are going to support them with their personal care." We observed staff during the inspection asking people for their consent before providing them with support. We saw evidence that staff recorded in people's daily notes when people or their family members had given consent to care and treatment.

The service supported people to maintain a healthy balanced diet. People told us that staff supported them to eat and drink and to maintain a balanced diet. One person said, "The food is very good here. There is plenty to eat and drink. The cook comes around each morning and tells us what is on the menu. We can ask for alternatives. I often ask for fish pie or spaghetti bolognaise." Other people made similar comments and said if they did not like any of the choices on offer the cook would provide them with an alternative. This showed that people were given choices on what they wished to eat.

People were involved in menu planning. The cook told us they consulted with people as to what they wanted on the menus, to make sure they were happy with the meals provided. She told us, "I listen to the residents and always give them what they request. We are now planning the Christmas menu." We found that staff were knowledgeable of the dietary needs and food preferences of people using the service and ensured they were all accommodated.

We observed people receiving the evening meal. People with special dietary needs such as soft and diabetic diets were catered for. Some people chose to have their meals in their bedrooms and staff provided support and assistance. Prompting and assistance was offered by staff in a dignified manner. We saw the cook interacting with people after the meal was served. Some people were provided with nibbles such as crisps that they took to their bedrooms to eat later. One person said, "She [meaning the cook] is lovely she gives us what we want. We never go short of anything."

People using the service who had swallowing difficulties received the support of a speech and language therapist. We also saw that staff provided care for people that were unable to take their food and drink orally. They received their nutrition and hydration through a percutaneous endoscopic gastrostomy (PEG) feeding tube. The staff were knowledgeable of the needs of the people using PEG feeds and we saw that clear guidelines were available for staff to follow on managing the feeding system to ensure the person's nutritional needs were continually monitored and met. We observed that people receiving such care had oral care provided to ensure they were kept hydrated and comfortable.

People told us they were supported to maintain good health and to access healthcare facilities. One person said, "I am a diabetic the staff make sure I get medical attention when I need it." We saw that people were registered with a GP who visited the service when required. Staff told us if people had difficulties with swallowing and mobility, specialist treatment would be obtained via the GP. We saw arrangements were in place for the chiropodist and GP to visit the service on a regular basis. We spoke with a health care professional who was visiting the service on the day of the inspection they told us, "This is a good home. The staff ensure that the residents prescribed treatments are followed."

Good

Is the service caring?

Our findings

Positive and caring relationships had been developed between people and staff. One person said, "The staff always talk to me I feel like they are my friends." A relative said, "I find the staff to be caring. [Name of staff member] always has time for you and would explain any changes to [name of relative's] treatment." Similar positive comments were made by people and relatives.

Staff told us that they went the extra mile to maintain positive relationships with people. One staff member said, "We go shopping for the residents in our own time." Another staff member said, "[Name of person] has a visit from a family member on a specific day of the week. She likes to be taken to her bedroom to receive her visitor and we always make sure that her wishes are respected." Throughout the inspection we observed staff interacting with people in the communal areas and in their bedrooms in a caring manner. For example, there were smiles and lots of laughter; and people looked at ease in the company of staff. We observed throughout the inspection, that people and staff spent time with each other chatting and the atmosphere was relaxed.

Staff told us that people were made to feel that they matter. One staff member said, "We listen to what the residents tell us and act on their wishes. Another staff member said, "We always make sure that the residents are given a birthday and Christmas present and make a fuss of them." We saw that people's birthdays were celebrated and they were made to feel special and provided with a cake. Outings and parties to celebrate special theme events such as Christmas, Easter and Halloween and the Queen's birthday were arranged by the staff team. People were encouraged to taste foods from other cultures. For example, the cook regularly prepared Chinese and Indian meals.

Within the care plans we looked at we saw that people's religious beliefs were recorded. This ensured that people would be given the opportunity to continue practicing their faith if they wished. We saw that a local vicar provided a service with communion on a monthly basis. This showed that staff supported people to promote their religious beliefs.

Staff told us that they were made aware of people's preferences and histories. One staff member said, "We find out from the residents or their relatives about their preferences, likes and dislikes." Another staff member said, "At first the residents can be a bit reserved but after a while they get to know you and are happy to tell you about their past and what sort of jobs they did." We found from discussions with staff that they knew the people they were caring for well and they spoke about them in a kind and respectful manner.

We saw that people's care plans contained information on how individuals communicated their needs and preferences and details were available about personal histories. This enabled staff to have meaningful discussions with people about things that mattered to them.

People told us they were involved in making decisions and planning their care. One person said, "My goal is to have a life and to maintain my independence. The staff support me to maintain my independence. I enjoy gardening and they support me to spend time in the garden and sweep up the leaves." Another person said,

"I am able to choose the things I want to do and enjoy doing."

We saw that regular resident meetings took place, during which people were encouraged to provide feedback on the care they received and express their views. For example, people were able to discuss the activities they wished to participate in and food choices. We saw evidence that their views were acted on.

Independent advocacy services were made available for people using the service. The registered manager told us that one person currently used the services of an independent advocate. (An advocate supports people to have a stronger voice and to have as much control as possible over their own lives).

People could be assured that information about them was treated confidentially and respected. One staff member said, "We never discuss a resident's care and treatment in front of other residents." We saw that the service had a confidentiality policy and this was discussed with staff when they started working at the service. During the inspection we observed the deputy manager obtained permission from individuals or their relatives to discuss their care and treatment with other health care professionals. This was done in a sensitive manner and recorded in their daily notes.

People had the privacy they needed. One person told us, "I can go to my bedroom if I wish to be alone or in the garden." Staff were able to demonstrate how they supported people to uphold their dignity. One staff member said, "I always treat people how I would like my mum or dad to be treated if they were in a care home." A second member of staff told us, "The residents deserve to be treated with respect." Staff told us that people received personal care in private; and chose what clothes they wished to wear and how they preferred to be addressed. We observed that people' bedrooms were single occupancy and they were able to spend time in their bedrooms or other areas of the service if they wished to be alone. We saw evidence that people were encouraged to personalise their bedrooms with family photographs and mementoes, which reflected their individual characteristics. On the day of our inspection one relative had brought in a selection of handmade animals their mother had made to place in her bedroom. The relative said the maintenance worker had put up some shelves for the animals to be put on display, so his mother who was being cared for in bed could see them.

There were no restrictions on visiting. People told us that their relatives and friends were able to visit without any restrictions. One relative said, "The staff always make me feel welcome anytime I visit." Our observations confirmed this. It was evident that the service supported people to maintain contact with family and friends.

There were effective systems in place to enable people to receive dignified and pain free end of life care. Where required, people had end of life care plans in place that outlined their preferences, such as their preferred place of death. Anticipatory medicines were requested when a person was identified as nearing the end of their life. (Anticipatory drugs are medicines that are used to manage people's symptoms during their end of life. These medicines helped people to experience a pain free and dignified death).

Good

Is the service responsive?

Our findings

Pre admission assessments were carried out and a care and treatment plan was put in place on admission into the service. People using the service and their relatives told us they felt fully involved in putting together their care plans and they were aware of the information that was contained within them. One relative said, "Before my [name of relative] came to live here the deputy manager visited him in his home to assess his needs. Another relative said, "My [name of relative] was visited by [name of deputy manager]. He asked us to be open and frank and to say what support was needed. We told him what we would like. For example, [name of relative] always have a cooked breakfast daily at 10.30am and enjoys sitting in his recliner chair. We were told that [name of relative] would be able to have a cooked breakfast daily and it would be possible for him to have his recliner chair. I was so relieved to hear this."

The deputy manager told us, "We always carry out an assessment of the residents' needs prior to them coming to live at the home. We visit them in their home or in hospital and involve them or their representatives in the assessment process. This is to ensure we can meet their needs." We saw that information from the pre-assessment was used to inform the care plan.

We saw that people and their relatives were given an information pack about the service as part of the admissions process. It contained information on what time meals were served; how to raise a complaint and a summary of the service's statement of purpose.

The care plans contained specific information on people's diverse needs, which included their personal history, how they wished to be supported, their likes, dislikes, continence needs; and any equipment that they may require to support their health and well-being and to maintain their independence. We saw that the care plans were personalised and reviewed on a regular basis or when there was any change to needs. This ensured that information about people was current.

Risks to people's health such as malnutrition, falls or wound care were well managed, documented and regularly reviewed. The staff told us they were made aware of how people wished to be supported and if there were changes to their care needs. One staff member said, "We have daily handovers and we get told if there are any changes to the residents care and treatment." Another member of staff said, "The care plans are clear and easy to follow. They are written in a personalised way to enable us to provide care to the residents in the way they wish to be supported." We saw that staff were allocated to work with individuals on each floor. This made them accountable for ensuring that people received the care and support they required. A key worker system was in place, which meant people received care from a consistent staff team.

People were supported to follow their interests. One person said, "The activity person discusses with us the activity programme. We do a lot of activities here. My favourite is 'beetle drive.' We have also asked for more shopping trips and this has been arranged." We saw the weekly activity programme was displayed on the notice board. We also saw pictures of activities that people had participated in. For example, singers and musical entertainers visited the service to perform, and animals and small creatures were brought into the

home through a company to provided animal therapy, so people could handle the animals.

The activity person told us that one to one activities were provided to people who were being nursed in bed. She said, "I read to them and massage their hands and feet they love it." We saw a record was maintained of the activities that people had participated in. This enabled the activity person to vary the activities provided to prevent social isolation.

The provider had a complaints policy in place and people told us they were confident if they raised a complaint it would be addressed. One person said, "I know how to make a complaint, but I have never had the need to make one. I am confident if I did raise one it would be addressed." Other people and relatives made similar comments. We saw a copy of the service's complaints procedure was displayed on the notice board. We saw that the provider had received one complaint since the last inspection. Records were available that demonstrated they had responded appropriately to the complaint in line with their complaints policy.

Good

Is the service well-led?

Our findings

People, relatives and staff expressed confidence in how the service was being run. One person said, "Name of registered manager and deputy manager] treat me with respect. We have honest and frank discussions." Another person told us, "Yes I know who the manager is. It's [name of registered manager]. Staff told us they had confidence in the management team and both the registered manager and the deputy manager were excellent role models. They told us that they would recommend the service to a family member or friend. One staff member said, "If my dad needs to be in a home this is the home he will be in."

People using the service were involved with the service in a meaningful way, helping to drive continuous improvement. Regular resident meetings took place to encourage people and their relatives to contribute to decisions about their care and bring forward ideas on how the service could improve. People told us that their ideas and views were listened to and acted upon.

We observed that relationships between people using the service and staff were open and relaxed and people appeared at ease with the staff and other people using the service. Discussions with the registered manager, the deputy manager and the staff demonstrated they had an in depth knowledge of all people using the service.

The ethos of the service promoted an open and inclusive environment where people's views mattered. The vision and values of the service were understood by the staff and put into practice. One member of staff said, "I really enjoy working here, people are always treated with respect."

We found the culture was person-centred and people's diversity and human rights were promoted. Staff were supported to question practice; they had received training on safeguarding people that included the whistleblowing procedures. They were aware of their responsibility to raise safeguarding concerns outside of the service if they felt that people were not being protected from abuse. The registered manager took their safeguarding responsibilities seriously and actions had been taken to protect people from abuse.

The staff told us they had regular team meetings and said they were used to share information and ideas. One member of staff said, "I feel like everyone has a chance to contribute and we are listened to." Discussions with staff indicated they took pride in working for the service and that they felt valued.

Management quality monitoring systems ensured that all aspects of the service were regularly reviewed and the provider had day to day contact with the registered manager to oversee and support the management of the service.