

Borough Care Ltd







Wellcroft

Inspection report

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Gatley
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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	

Overall summary

This was an unannounced inspection.

A registered manager was in place. 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.

Wellcroft is one of twelve care homes owned by Borough Care Limited, a not-for-profit registered charity. Wellcroft

is a two-storey home which provides permanent, short stay residential and day care services for up to 41 people with dementia. All bedrooms are single occupancy. Nine have an en-suite toilet and wash basin facility. The home is located in Gatley village Stockport and is set in its own grounds with a car park. The home was fully occupied at the time of our visit.

Relatives spoke positively about staff and we saw relationships between individual staff and people using

Summary of findings

the service were warm, compassionate and caring and staff showed empathy in their approach. Relatives told us they were more than happy with the care being provided and with the staff working at the home.

Staff working in the home understood the needs of the people who lived there and we saw that care was provided with kindness and dignity. We saw that people who used the service looked clean, well dressed, relaxed and comfortable in the home.

Staff employed at the home had the skills and knowledge to make sure the care provided was in line with best practice and written care plan instructions. We found that people's care was delivered consistently by staff and they knew how to monitor people's health care and made sure people had enough to eat and drink to maintain good health and wellbeing.

Staff were appropriately trained and skilled and provided care in a safe environment. They had all received a thorough induction when they started work at the service and fully understood their roles and responsibilities, as well as the values and philosophy of the home. The staff had completed appropriate training to help make sure that the care provided to people was safe and effective to meet their needs.

Throughout our inspection we saw examples of people and their families being included and consulted in the planning of the person's care and were treated with dignity and respect by the manager and staff.

There were daily planned group activities for people and opportunities for people to pursue their own hobbies or leave the home for a short while with assistance. The service supported people to access the community to prevent them from being isolated

A system of maintaining appropriate standards of cleanliness and hygiene was being followed regularly. The home was clean and there were no offensive odours.

Medicines were stored, administered and returned safely and records were kept for medicines received and disposed of, this included controlled drugs (CD's).

Risk assessments had been completed and clearly stated how risks should be managed.

The registered manager consistently assessed and monitored the quality of care using an established in house system that was being completed regularly. The workforce management was being monitored using an in house system that was effective.

We saw that the correct safeguarding procedures were in place. The manager and staff team had a clear understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). Where appropriate the DoLS was in place for people who lacked capacity to make a decision.

The provider encouraged feedback from people using the service and their families. Feedback was given in the form of complaints, comments, compliments, face to face meetings with the manager, relative meetings, service user care plan reviews and an annual service user satisfaction survey.

Relatives spoken with knew how to make a complaint and felt confident to approach any member of the staff team if they required. Feedback received was used to make improvements to the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service is safe.

There was an effective recruitment and selection procedure in place for paid staff and volunteers. Appropriate pre-employment checks helped to protect people from the risk of employing unsuitable staff.

Individual risks to people's safety were appropriately assessed, managed and reviewed. Effective procedures helped to make sure any concerns about a person's safety were appropriately reported.

Medicines were stored safely and records were kept for medicines received and disposed of; this included controlled drugs (CD's).

Good



Is the service effective?

The service is effective.

Records seen confirmed that staff had received mandatory and refresher training in subjects such as fire safety, food hygiene, moving and handling, dementia awareness and safeguarding. This helped to make sure their knowledge, skill and understanding was up to date and effective.

Staff had undertaken training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). They were aware of their duties when these restrictions were in place.

There was a structured staff supervision plan in place and future supervision dates had been planned to make sure staff were regularly supported in their work.

Good



Is the service caring?

The service was caring.

Staff showed warmth and friendship to people using the service and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people's wellbeing was promoted.

To maintain a homely, caring environment there was a non-uniform policy in place for all care staff. This helped to make sure that Wellcroft was seen by the people who lived there as their own home and reduced any social barriers between people using the service and staff.

People were assessed to determine appropriate advocacy representation when necessary to make decisions about their own health and wellbeing.

Good



Is the service responsive?

The service was responsive.

Care plans were clearly written, uncomplicated and centred on the person as an individual. Consent forms had been signed by the person or their relative to agree to the care being delivered.

All sections of each care plan had been fully completed to help make sure the person's lifestyle, values, behaviours, routines and beliefs would be followed by staff during their stay at the home.

Good



Summary of findings

Daily records and notes made by staff helped to make sure that specific instructions were being followed and responded to in a timely way.

Is the service well-led?

The service is well-led

The manager had worked hard to integrate the home into the local community and Wellcroft had developed a strong relationship with the local church.

A number of fundraising efforts including a manager and deputy manager bungee jump raised £600.00 for the resident's amenity fund.

There were appropriate systems for gathering, recording and evaluating accurate information about the quality and safety of the care, treatment and support the service provided, and its outcomes.

Good



Wellcroft

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. The service met all of the regulations we inspected against at our last inspection on 25 October 2013.

This inspection took place on 8 March 2015 and was unannounced. We made an announced visit to the home on 9 March to continue the inspection and provide feedback to the registered manager.

The inspection was carried out by one inspector. Before we visited the home we checked information that we held about the service and the service provider. The provider completed a Provider Information Return (PIR) before the inspection. 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 which included incident notifications they had sent us. We contacted the

local authority, Clinical Commissioning Group (CCG) and other relevant authorities for their views about the care provided in the home. No concerns had been raised since we completed our last inspection.

Most of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves. During the inspection we saw how the staff interacted with people using the service. We also observed care and support being provided in communal areas.

We spoke with four people who used the service, three relatives, the domestic in charge, the office administrator, 10 health care assistants, the deputy manager and the registered manager. We walked around the home and looked in all of the bedrooms, all communal areas, toilets and bathrooms. We reviewed a range of records about people's care which included the care plans and medicine records for four people, the training and supervision records for six staff employed at the home, and records relating to how the home was managed.

Is the service safe?

Our findings

Most of the people living at the home were unable to give their verbal opinion about the care and support they received therefore we used a short observational framework for inspection (SOFI). This is a tool used by CQC inspectors to capture the experiences of people who use services who may not be able to express this for themselves. However, from the four people we spoke with no one told us they felt unsafe or had any complaints or concerns about the care provided. We saw people who preferred to spend time in their room received regular staff checks to make sure they were safe. People spoken with confirmed that staff checked on them regularly and they felt safe.

Two relatives spoken with told us they were involved in their relative's risk assessment process and felt confident the systems in place helped to make sure people were safe. One person said, "my dad has never fallen or anything whilst he's been here. If there are any risk concerns, the manager calls me straight away and involves me in any decisions. They all know what they're doing. I visit daily and I have seen nothing unsafe or anything that worries me".

There was an effective recruitment and selection procedure in place for paid staff and volunteers. We looked at six staff recruitment files and found that all of the staff had been recruited in line with the regulations including pre-employment checks. Appropriate pre-employment checks help to protect people from the risk of employing unsuitable staff. Staff spoken with told us that they had an employment induction before they were able to work at the home unsupervised with people.

Staff told us there was always enough staff on duty. "There are always enough staff on day and night duty" and "most of us work reduced hours so that we can cover annual leave or sickness. That system works well". We looked at the staff rota which confirmed the staff on duty had the right experience and training to meet people's needs. Two relatives spoken with said, "there is always plenty of staff on duty when I visit", "they're very helpful and can't do enough for my dad" and "the staff are great, always enough and we know them all, they're like family".

We looked at records that showed the provider had effective procedures that helped to ensure any concerns about a person's safety were appropriately reported. There

was a safeguarding procedure in place which was in line with the local authority 'safeguarding adults at risk multi agency policy'. All of the staff spoken with were able to explain how they would recognise and report abuse. Staff demonstrated an accurate understanding of the need to be vigilant about the possibility of poor practice by their colleagues and discussed their understanding of the homes whistleblowing policy. Staff told us they contacted other professionals, such as GPs, at the point of moving into the home, to share any concerns about risks. We looked at records to demonstrate staff had followed the correct procedure and reported concerns to the manager who then reported these concerns to the appropriate professionals.

We looked at a sample of generic risk assessments in place for areas such as using equipment hoists and wheelchairs safely in the home. These were robust and clearly written for people to follow. Individual risks to people's safety were appropriately assessed, managed and reviewed. We looked at the care records for four people and each record contained clearly written, up-to-date risk assessments which reflected how their identified risks would be managed and reviewed. Discussions with staff showed they understood and were knowledgeable about the details in people's care plans and how to keep people safe.

Records of accidents and incidents held in the office were clear up to date. Appropriate authorities, including the CQC, had been notified of events when necessary.

The home had a medicine's policy and procedure that was followed in practice and monitored and reviewed. We observed the deputy manager and a senior health care assistant (HCA) carrying out a medicines check. The deputy said, "part of my role is to make sure that newly received medication is accurate. I check and sign them in and they are double checked by another member of staff. I like to make sure that the medicine trollies are clean, tidy and hold the correct stock". Medicines were stored safely and records were kept for medicines received and disposed of; this included controlled drugs (CD's). We looked at the medicine records for four people and found the records completed were up to date. We asked two people and a relative if medicines were administered on time and they confirmed they were. We observed part of the lunchtime medicines round and saw people were supported by staff to take their medicines in a sensitive and unhurried way.

Is the service safe?

During a tour of the home we looked at people's armchairs, wheelchairs, walking frames, bedside protectors and pressure relieving equipment and saw that these were clean, well maintained and safe.

We found communal bathrooms had been cleaned to a good standard throughout the day. Anti-bacterial soap and gel were readily available around the home and in communal bathrooms. We saw staff wearing aprons and gloves to prevent the risk of cross infection whilst carrying out their care duties.

We saw that some carpets would need replacing in the near future however these were safe and clean and the manager had a refurbishment continuity plan in place to address the replacement issues.

Staff kept entrances and exits to the home clear and secure to so that they could monitor who came in and left the building. This did not restrict people's movements and records showed people could leave the home with appropriate supervision and safeguards in place if they wanted to.

Is the service effective?

Our findings

Relatives spoken with told us they felt the staff were very skilled and knew what to do to meet people's needs. Two relatives said, "Oh yes, the staff are great, really good and they know what they're doing. They always inform us and keep us up to date with anything we want to know. Actually, the manager rings us first. We never have to ring them"; "Staff are excellent as far as I'm concerned. They made my dad feel welcome from day one".

People were being provided with enough fluids during the day to keep them hydrated. A member of staff said, "people can have a drink whenever they want. It's about what they want but there aren't any restrictions, it's just what we do here". We saw that where people needed to have their fluid intake and output monitored, this was being recorded by staff. Where a dietician had made recommendations for staff to follow, we saw records to monitor and maintain people's weight had been completed. Staff told us and records confirmed, they knew to contact the GP and/or specialist professionals if there were further issues or concerns.

From the 10 staff spoken with, all of them confirmed they had received a staff induction at the start of their employment at Wellcroft. Two staff said, "We had to shadow a senior health care assistant (HCA) for three days", "our probationary period lasts for three months" and "our probationary is done in-house, it's very thorough. That's when we do our mandatory training as well".

The manager has recruited five volunteers to the home who had been subject to pre-employment checks which we saw were satisfactory. The volunteers attended regularly and offered their time to help with activities, serve drinks and spent meaningful quality time with people who use the service. This helped to make sure people were occupied and involved in activities with friends.

All of the staff spoken with told us they had received mandatory and refresher training in subjects such as fire safety, food hygiene, moving and handling, dementia awareness and safeguarding. This helped to make sure their knowledge, skill and understanding was up to date and effective. This was confirmed by information on the staff training and development plan which we saw. Staff told us, and training records confirmed that staff received regular training to make sure they stayed up to date with

the process for reporting safety concerns. The registered manager provided documentary evidence that they and the staff team had all undertaken recent safeguarding training. Staff told us that training was always available for staff to develop their skills and knowledge in specialist areas.

Staff had undertaken training in the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). They were aware of their duties when these restrictions were in place. These safeguards protect the interests of vulnerable people and help to make sure people are given the care they need in the least restrictive way. Before a person receives any type of examination, treatment or therapy they must give their permission (consent). The manager and staff team demonstrated they had a clear understanding about this legislation. At the time of our inspection four people were subject to DoLS.

There was a structured staff supervision plan in place. The manager, deputy and senior HCA's were responsible for providing supervision and annual appraisal sessions to staff. From the six staff records we looked at we saw these sessions were taking place regularly. We saw that future supervision dates had been planned to make sure staff were regularly supported in their work. Staff made positive comments about the system of supervision and appraisal and said, "we have supervision every four to six weeks roughly", "It's a good system and it boosts our moral, helps us to know that we're doing a good job", "There's always training which is quite good and is linked to our appraisal, it's a good incentive".

Care had been taken to make sure the environment was comfortable, homely and spacious. Wide corridors with handrails helped to make sure people were supported to promote their independence around the home. The premises had been well maintained and were accessible for people using a wheelchair or mobility aids. The premises were clean, warm and well lit which helped to make sure people's wellbeing was promoted.

Shared bathroom and toilets were spacious enough to manoeuvre wheelchairs and hoists. Raised toilet seats, handrails and non-slip flooring were in place to make sure these areas would be effective in maintaining people's independence.

A separate ground floor room was furnished with a small sofa and armchair. The room provided facilities for people

Is the service effective?

and their relatives/ friends to make a hot drink and spend time away from the main part of the home if they wanted to. Bedrooms were located on both floors and were accessible via a passenger lift or stair lift.

Different areas of the home were identified through the use of street names such as Victoria Square and Edinburgh Road. Corridors signposted people to each area and their journey was helped along by interesting and tactile items such as hats, flowers, a mannequin and appropriate local historical pictures or photographs.

Most of the bedroom doors had been covered with an adhesive covering to resemble the front door of a house. Door numbers and letter boxes were ready to stick on each door so that corridors resembled streets.

A ground floor alcove had been adapted, by using themed wallpaper, books, bookshelf and comfy armchairs, to resemble a library. The area was signposted as 'Wellcroft Community Library'. People could use this area at their leisure if they wished to.

An enclosed paved garden area with modern garden furniture was used as an extension to the home's indoor communal lounge areas. During the inspection we saw this area was used by people who enjoyed outdoor activity and fresh air which helped to promote their independence.

The home is set within its own grounds with views overlooking a recreational park. The grounds were well maintained and appropriate measures were in place to make sure the premises were secure.

Is the service caring?

Our findings

People and their relatives told us they were happy with the care and support provided at the home. Three relatives spoken with made positive comments about the care provided and said, “the care at Wellcroft is excellent. Nothing is too much trouble, you can tell that staff really care about the people who live at Wellcroft”, “I was very concerned about my aunt’s behaviour and thought that it might jeopardise her place. When I spoke to the manager he told me there was no need to worry, and this was where she would stay because Wellcroft is her home. It was such a relief” and “I’m so happy, I know my mum is being well cared for she’s even put on weight. When I visit her she looks really comfortable and happy” and “the care staff do their best, you can tell. My aunt is always clean and tidy and she always looks happy. When she sees the staff her face lights up. I know they look after her like I would. To be honest, I hope that she can die at Wellcroft because I know they’d make the whole process lovely”.

Throughout the inspection, we saw staff caringly respecting people’s privacy and dignity when they were supporting people around the home. We saw staff involving people by asking them where they preferred to sit in the shared lounge and assisting them to their chosen seat. Staff made sure people were comfortable by straightening their clothing and offering blankets for their legs as they sat down. We saw staff showing warmth and friendship to people and they spoke to them in a kind, comforting and sensitive manner. This helped to make sure people’s wellbeing was promoted.

To maintain a homely, caring environment there was a non-uniform policy in place for all care staff. This helped to make sure that Wellcroft was seen by the people who lived there as their own home and reduced any social barriers between people using the service and staff. None of the people we saw looked sad or uncomfortable. Aprons and gloves were used when staff carried out personal care tasks.

Most of the people who lived at Wellcroft were seen using the communal rooms as their own living room. Staff were

always available in the communal areas to sit and chat with people. It was apparent people were familiar and relaxed with the staff and we observed people smiling, laughing and chatting freely in staff company.

Staff told us they had been trained in how to respect people’s privacy and dignity, and understood how to put this into practice by making sure that, “curtains and doors are shut when we’re helping people”, “talking to people with respect and comforting them when they look upset”, “we don’t know what they’re thinking so we have to be gentle when we approach them”, “it’s about promoting people’s independence, like helping them with their personal hygiene and reminding them to brush their teeth. It’s all about making sure people are involved as far as possible”.

Some of the ten staff spoken with said, “We love and care for the people who live here”, “We think of people here like our mums, dads and grandparents”, “We’re committed to what we do; we don’t do this job for the money. We do it because we care”, “We always give people choices to make sure we meet their needs properly. You can’t give good care if people aren’t given a choice about how they want things done”.

The provider used the ‘Six Steps’ programme for people nearing end of life. The manager discussed with us the processes and resources available to people when they might require such care. The manager said, “families would always have the opportunity to be close to their relative during this time and special arrangements would be put in place for families to stay close to their relative after they had died” and “having this system in place has made the end of life process more structured. Staff have the control to give families confidence that the person’s end of life meets their wishes”. The manager also told us there would be regular assessments and reviews by appropriate professionals to help make sure people could live and die in the place and the manner of their choosing.

People were assessed to determine appropriate advocacy representation when necessary to make decisions about their health and wellbeing. Advocacy services are designed to support people who are vulnerable or need help to make informed decisions and secure the rights and services to which they are entitled.

Is the service responsive?

Our findings

A relative spoken with said “we found the attention given to my mum before she moved into Wellcroft was really good. The manager had a colour chart and sat with my mum and asked her to choose the colour she wanted her bedroom decorating. He was really patient with her. She’s now got her own bedroom furniture in her room and I’m so glad about that, they’ve made it look really nice. Her furniture matches the bedding that she chose, just like her own home. It’s just so nice and she’s happy there”, “They’re doing something with the resident’s, trips out, reminiscence and walks in the park. It’s all geared towards the resident’s” and “If I needed to complain, I’d go to the manager, he’s very approachable. But I have no complaints, the place is excellent”.

There was a complaints procedure in place which was available to people who used the service and their relatives. People spoken with knew their comments or complaints would be taken seriously and acted on by the manager. From the records we looked at no complaints had been made about the service since our last inspection. However comments made by relatives had been addressed immediately and action taken following the homes procedure for dealing with comments and complaints.

We looked at the care records that belonged to four people and saw that each care plan had been written to make sure that people received appropriate care, treatment and support that met their needs and protected their rights. Each care plan showed that the person had received an individual needs assessment before they moved into the home to help make sure that care would be delivered in response to the person’s individual needs.

The care plans that we looked at were clearly written, uncomplicated and centred on the person as an individual. Consent forms had been signed by the person or their relative to agree to the care being delivered.

From the four care plans we looked at they contained a ‘map of life’ which showed the preferred name to use to address the person, information about their previous employment, family life, social interests, friends, hobbies, pets and extended family. Another section of the record ‘things I can do’ described the person’s personal appearance, waking, night, toilet and hygiene routines. A ‘getting to know me’ section contained details that

highlighted what was important to the person, who supported the person and steps to enable the person to stay in control of their life. ‘Things to remember’ and ‘triggers’ for areas such as nutritional risks, dehydration prevention, leaving the building, favourite foods and special diets prompted the staff to check that these areas were treated as priority to help make sure the care plan balanced safety and effectiveness, reflecting their needs and diversity. All sections of each care plan had been fully completed to help make sure the person’s lifestyle, values, behaviours, routines and beliefs would be followed by staff during their stay at the home.

We saw care plans that included risk assessments for pressure area care, falls, personal safety, mobility and nutrition. These records were up to date. Records showed that people had regular access to healthcare professionals, such as GPs, dieticians, district nurses and opticians. We saw records that confirmed nutritional risk assessments had been completed by an appropriate professional to help reduce the risk of people receiving unsafe or inappropriate care. Care plan records and risk assessments had been reviewed monthly or more frequently, if people’s immediate needs required monitoring.

Staff were seen checking on particular people who could not verbally communicate. In these cases other communication methods were used such as hand gestures and direct eye contact. In each situation staff were responsive to people’s individual characteristics to make sure their needs would be met based on best practice and professional guidance.

We saw that staff had made appropriate referrals to relevant professionals such as a dentist, when required. Daily records and notes made by staff helped to make sure that specific instructions were being followed and responded to. Staff spoken with told us that people who used the service could access a local dentist to receive treatment whenever necessary. For urgent dental treatment people used the local NHS out of hour’s dental service.

When we walked around the building we found a room called “The Wellcroft Arms”. This was a themed room where a divider screen had been used to make the room resemble a local pub. Furnished with bar stools and tables, pub table games such as dominoes and table skittles were in place,

Is the service responsive?

with a real bar that served alcohol under staff supervision. During the inspection we saw that this room was used by people and their relative as part of people's reminiscence care and support.

A similar initiative called 'Kutz' has been introduced around the home's hairdressing salon. During the inspection we saw a visiting hairdresser used the salon to provide a service to people who lived at Wellcroft.

The homes laundry room has become the Wellcroft launderette using signs and themed screens to create a community environment. A laundry service was provided by the homes laundry assistant. The manager told us that risk assessments would be carried out before people began to use the facility.

Personal and themed reminiscence boxes that contained family pictures and small personal items had been placed on the wall next to each person's bedroom door. These boxes had been put together with the support of relatives and the person to prompt thoughts, memories and conversation that would naturally arise through touching and seeing familiar objects.

Is the service well-led?

Our findings

A registered manager was in place. The manager was registered with the CQC in May 2014.

Three relatives spoken with said, “The manager is lovely, really approachable. He has a lot of vision”, “Since the current manager came along things have improved immensely. He’s very reassuring and put me at ease about my aunt’s care” and “The manager is really good, forward thinking. He gets things done quickly and addresses any concerns immediately”.

All of the staff spoken with confirmed their understanding about their responsibility to share any concerns about the care provided to people who use the service. The values and philosophy of the home were clearly explained to staff through their induction programme and training and there was a positive culture at the home where staff felt “happy” in their work.

They told us that the manager always acted immediately on any concerns they reported. Staff spoken with said, “The manager is good for staff moral”, “he leads by example”, “it’s not them [managers] and us”, “we have a good team and good leadership”, “he’s done a lot for the home, definitely got better here”, “he’s made lots of improvements for the residents and staff”. They told us that the manager and deputy were approachable and supportive.

Staff told us about a new management initiative where the manager had worked for one week on the night shift whilst the deputy manager managed the home for that week.

One HCA said, “it worked well and was good, he got to know what happens in Wellcroft at night”.

Borough Care is a not for profit organisation and Wellcroft relies on fundraising and donations to boost the resident’s amenity fund. This fund helps the manager to make improvements to benefit the residents and enhance their quality of life by creating a Wellcroft senior living community in the home.

The manager had worked hard to integrate the home into the local community. Wellcroft had developed a strong relationship with the local church which was supportive in the development of the home through the church’s volunteer service. This service was available fortnightly at the home to offer worship to the people who used the service.

A number of fundraising efforts including a ‘bottle tombola’ in the local carnival, donations and a manager and deputy manager bungee jump raised £600.00 for the residents amenity fund which was used to purchase door calcs (adhesive covering) to personalise individual bedroom doors. The home had been donated some garden furniture which was in use at the time of our inspection.

We saw that people who used the service had maintained good links with the community which helped them to engage in local community life. During our inspection people who used the service were visited by the church choir, who sang and shared biblical teachings with those who wanted to get involved.

Records seen confirmed that ‘senior living community’ within Wellcroft was in process. Plans to transform the internal environment, to give residents access to places of interest in a safe, effective and responsive community setting were underway and nearing completion. For example, a 1950’s ‘village store’ in the paved garden, for people to buy items such as toiletries, magazines and sweets had been built by the manager and deputy. The manager said, “I have planned to do this in my own time as I did with the other Wellcroft Community initiatives” and “I have stayed on after work to make sure the wallpapering and painting tasks are finished to a good standard. It has to be right for the people who live here, it’s their home”.

The manager said, “as home manager, I think I should be available to both day and night staff so I worked on the night shift for one week and my deputy will cover the day shift for that week”. The manager told us of their intention to work on the night rota for a week every two months and said, “this would help to make sure that night staff received regular and effective supervision and appraisal”. They told us that it was also an opportunity for them to address any shortfalls in the care provided which would then be shared with his line manager and actioned.

The manager sought feedback from the staff through staff meetings and staff handovers and used this feedback to make changes to the service. Communication between the manager and staff was effective and systems in place helped to maintain this.

Records showed that the manager monitored and investigated incidents and had taken the appropriate action to reduce the risk of them happening again.

Is the service well-led?

There were appropriate systems for gathering, recording and evaluating accurate information about the quality and safety of the care, treatment and support the service provided, and its outcomes. The registered manager consistently assessed and monitored the quality of care using an established in house system that was being completed regularly.

The manager analysed and used information gathered to identify breaches, or any risk of breaches, with the regulations to decide what to do to meet the regulations.