Welland House Care Centre Limited

Welland House Care Centre Limited

Inspection report

Lime Grove
Welland
Malvern
Worcestershire
WR13 6LY
Tel: 01684 310840
Website: www.wellandhousecarecentre.co.uk

Date of inspection visit: 10 July 2014
Date of publication: 13/01/2015

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

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 and to pilot a new inspection process being introduced by Care Quality Commission (CQC) which looks at the overall quality of the service.

The inspection was unannounced, which meant the provider and staff did not know we were coming. At the last inspection in May 2013 the provider met all the regulations we checked.

Summary of findings

Welland House Care Centre is a care home that provides personal and nursing care for up to 51 people. Care and support is provided to people with dementia, nursing and personal care needs. At the time of our inspection 49 people lived there.

The provider has recruited a new manager who had been in post as acting manager since March 2014. The manager had submitted an application for registered manager status to the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People and their relatives told us that they felt safe and staff treated them well. Staff were seen to be kind and caring, and thoughtful towards people and treated them with dignity and respect when meeting their needs.

Staff knew how to identify harm and abuse and how to act to protect people from the risk of harm which included unsafe staff practices. We also saw that the provider had arrangements in place to demonstrate that there was sufficient staff on duty to meet people's needs so that they were protected from harm.

Staff understood people's care and support needs. We saw staff supported people with their eating and drinking so that they had the nourishment and hydration to meet their needs.

We saw that improvements had been made to the environment so that it met people's specific needs. We also saw some people were supported to do interesting and fun things but the manager had ideas to improve this further for all people who lived at the home.

Staff made appropriate referrals to other professionals and services in the community. The health and social care professionals we spoke with shared with us examples where action had been taken to meet people's individual needs in the most effective way. When one person moved into the home different approaches and ideas were looked at so that their needs were responded to in the best possible way for the person.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report what we find. We saw that consideration of the MCA was evidenced in care plans where people and or their representatives gave their consent to people's care and treatment. We also found that the manager and staff were aware when levels of intervention or supervision may represent a deprivation of a person's liberty and when an application needed to be made.

The provider had responsive systems in place to monitor and review people's experiences and complaints to ensure improvements were made where necessary. The management team had used this information in their action plans to enable improvements to be sought. This helped to support continued improvements so that people received a good quality service at all times.

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.

People who lived at the home, relatives, staff and health and social care professionals felt people were safe and staff treated people well.

Staff had received training on protecting adults from harm and were confident to speak out if they observed poor or abusive practice.

The manager was aware of when to submit an application to the local authority when levels of intervention or supervision may represent a deprivation of a person's liberty.

Good

Is the service effective?
The service is effective.

People and their relatives were happy with the care they received and felt that their needs were met. Staff met people's health and social care needs in the most effective way.

Staff delivered the care that effectively met people's needs at lunchtime and showed staff had the knowledge and skills to do this. People had a choice of what to eat and liked the food provided.

Good

Is the service caring?
The service is caring.

People, who lived at the home and relatives thought staff were caring. Staff treated people with kindness and people's independence was respected.

Staff respected people's dignity and privacy.

There was a personalised approach to meeting people's wishes and what mattered to people.

Good

Is the service responsive?
The service is responsive.

The manager was responsive to people's individual needs. Improvements would continue so that all people had opportunities to do interesting and fun things.

When people moved into the home their needs were responded to so these could be met in a personalised and caring way.

People and their relatives had opportunities to share any concerns and complaints so that these could be responded to in the most appropriate way for people.

Good

Is the service well-led?
The service is well led.

Good

Summary of findings

Meetings were held with people and their relatives so that they could give their opinions on the service provided. The manager listened to people and had already identified improvement actions to support people. This enabled people to receive effective care and support which met their needs and protected people from harm.

Staff were able to speak with the manager about any concerns they had and were treated fairly and supported in their caring roles. These practices demonstrated that the service was well led to benefit the people who lived there.

Welland House Care Centre Limited

Detailed findings

Background to this inspection

This inspection consisted of one inspector who was accompanied by a specialist advisor 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. The specialist advisor is a psychiatric nurse whose specialism was mental health.

Before we carried out this inspection we looked at all the information we held about the service. This included statutory notifications; information about how the provider managed allegations of abuse and the provider information return (PIR). This document was requested from the provider and gave us their interpretation and evidence about how they feel they are meeting the five questions. We used this information to plan what areas we were going to focus on during our inspection.

At this inspection we spent time in the communal areas of the home and observed the care and support that people received to meet their different needs over the course of the day. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We used SOFI to capture the experiences of people with dementia. This was because some people had reduced communication abilities due to their dementia needs.

During our inspection we spoke with two people who lived at the home. One person was able to communicate with us by use of gestures. We also spoke with 11 relatives.

We spent some time with the manager, operations manager and deputy manager and seven members of staff. This included nursing and care staff, and the activities co-ordinator.

Following our inspection we spoke with two health professionals and two social workers.

We also looked at a selection of care plans for four people who lived at the home and various management records. These records were used to review, monitor and record the improvements made to the quality of care and support that people received.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People and relatives that we spoke with had no concerns about how staff treated them and they felt safe. One person who lived at the home told us, "They [staff] get to know you. They become your friends." One relative said, "It's safe, without a shadow of a doubt."

Staff that we spoke with had a good understanding of the types of concerns that could be possible abuse. Staff also knew what their responsibilities were to help protect and keep people at the home safe. They were clear about the steps they would take if they had any concerns and were confident that these concerns would be investigated or reported.

The manager had reported incidents that affected people's wellbeing and safety to the Care Quality Commission (CQC) and to the local authority. We saw that investigations had taken place and preventative measures put in place where found to be required so that people were protected from harm.

There were a range of practices in place to keep people safe and protect them from the risk of harm. For example, the risks to people's mobility, nutrition and communication and understanding had been assessed. People's care plans included the equipment needed and actions staff should take to minimise their identified risks. In the care plans for one person we saw that they were at risk of falls and action had been taken to keep them safe from falls from their bed. This included equipment, such as, a pressure sensor mat to alert staff to the person's movement in and or out of bed to try to reduce falls and injuries to this person. Two staff that we spoke with knew this person's needs which matched the information in the risk plans and enabled risks to this person to be managed whilst their independence was promoted.

When people had behaviour that challenged others due to their mental health needs this had been monitored and staff had guidelines about distraction techniques if people became unsettled. One person's plan did not clearly set out the steps for staff to take in managing all their behaviour that challenged. Despite this staff were aware of what to do and care plans for all people were being reviewed so that they held all the information for staff to refer. This protected people from the risk of receiving inconsistent care that could be provided by a new member of staff.

The management team and staff we spoke with were aware of what their responsibilities were under the Deprivation of Liberty Safeguards (DoLS). Some staff had received training in DoLS and further training was booked for August 2014 to ensure all staff had received this training. The manager knew what to do if people's liberty was found to be restricted. For example, an application had been made for one person to the supervisory body and it was found that the person's liberty was not being restricted. Staff supported this person during our inspection to meet their needs in the least restrictive way.

The management team had identified the number of staff it needed to be working in the home across different parts of the day to meet people's needs and keep them safe. The management team did this by assessing people's individual needs and what support they required from staff. Any gaps in staff numbers for whatever reason was filled with agency staff and a regular agency was used so that people received care from staff that knew them. One relative that we spoke with told us, "You do get the odd agency come in but not very often. They get to know the residents."

We saw staff mostly responded to people's needs with minimum delays. For example, we heard call bells ringing throughout the day but staff were observed responding to these, even though they were busy, so that people's safety and wellbeing was met. When people needed support to be moved the appropriate number of staff had been involved and this support was not rushed. We did not observe people's safety being placed at risk of harm due to insufficient staff numbers to meet people's changing needs across the day, during our inspection.

Staff spoken with told us that they had completed an application form, provided references of their past work history and had undertaken a Disclosure and Barring Service check to show that they were of good character. We looked at some staff files and found that all checks had been carried out prior to staff starting work at the service. This showed that people were supported by staff that had been checked for their suitability to support them and keep people safe.

Good

Is the service effective?

Our findings

All the people and relatives we spoke with were positive about the care they received. One person told us, “They’re [staff] ever so good all of them.” One relative told us, "Really pleased [my relative] is at Welland, very, very good indeed. We’re very fortunate to have found it.” Another relative said, “All the staff I’ve met are very pleasant, they all seem very knowledgeable.”

There were a number of practices in place to enable staff to feel supported and be effective in their caring roles. For example, staff told us that they received a range of on-going training, to support them to be able to meet people's needs. We saw that the manager knew where training gaps were and what training was booked as this matched the information detailed on the training planner and what staff told us about their training. This showed arrangements were in place to plan training for staff in key areas, such as, as dementia, mental health, moving and handling and nutrition so that they could develop the skills necessary to provide effective care to people. In the information we received from the provider they told us that staff meetings and individual supervision took place on a regular basis. Staff told us during our inspection that they felt supported and at staff meetings they were able to share their views.

The management team had introduced an employee of the month to help staff feel valued and motivated in their work. During the day we saw that staff put their training into practice and, provided support and care, that reflected care plans in place, responding to people’s needs as assessed and planned for.

We observed the breakfast and lunchtime meals and saw that people had choices of meals with staff support where people required this. The meal times were not rushed and people were enabled to go at their own pace with the aids they required such as special cutlery. We saw one person liked to eat with their fingers and this was supported by staff. These practices showed that people’s own levels of independence and choices had been supported so that their nutritional needs were met in the best way to suit each person.

We found that staff had an awareness of the importance of maintaining adequate hydration. The manager showed us that they had taken part in research that was being undertaken by health professionals and five people’s hydration needs had been monitored as part of this. We observed that people were offered hot and cold drinks during our inspection so that people’s needs were met effectively and they were not at risk from not drinking sufficient amounts of fluid.

When some people were at risk of weight loss this had been assessed and identified. We saw staff had monitored their food and drink on a daily basis. Staff told us that people at risk of weight loss had been reviewed by their doctor and had access to food supplements. One person’s family member told us: “The hospital said [my relative] wouldn’t sit up or feed himself again, now [my relative] can do both. The staff encouraged [my relative].” This showed that people’s health care was promoted which included people’s nutritional needs.

Staff supported people with their health needs so that these could be effectively met at the right time and by the right professional. One person told us, “If I felt unwell the staff would get a doctor for me.” Another person said that the doctor did weekly visits to the home and if they wanted to speak with the doctor about their health they could. We saw and heard from the manager and staff that referrals to other professionals such as speech and language therapists and physiotherapists were made. This meant people received the care and treatment they needed to maintain good health and receive on-going healthcare support.

The information that we had received from the provider told us that when people’s health deteriorated medical intervention was sought so that people’s health needs were effectively met. Staff were able to give examples of where they had identified a person’s health had deteriorated and the action they had taken as a result. This meant that staff were able to identify when a person was unwell, and they took appropriate action so that the person received treatment to remain healthy and well. This was also confirmed to us by two health care professionals and two social workers. One social worker told us that it was positive that different approaches to meet the complex needs of one person which included their health condition had been thought about by management and staff. The social worker told us that the staff were very supportive and that they met the needs of their client very well, particularly with regard to their healthcare needs.

Good

Is the service caring?

Our findings

People who lived at the home and their relatives gave us their views about how staff treated them while they received care. One relative told us, “They’re [staff] absolutely wonderful, you feel that they actually care about the residents.” Another relative said, “They [staff] are kind and treat [my relative] with respect. They listen to you, most of them.”

People were treated with kindness and respect. We saw that staff responded to people’s changing needs across the day in a caring manner and knew how to support people. This was important as people with dementia were not always able to fully express their needs. For example, one member of staff recognised that one person was not themselves and showed compassion towards the person as they got them a drink and a blanket. We could see that the person found this reassuring by their facial expressions. We saw staff were respectful to people’s communication methods, and knew how to support them. Staff we spoke with had a good understanding of dementia and how this affected individual people.

Staff were observed involving people as much as possible in their care by explaining what they were doing when they supported people with their medicines, drinks and at meal times. This demonstrated that people were helped to understand and had time to consent to care tasks before they were carried out.

All staff who we spoke with had a good understanding of people's needs and supported people to be as independent as possible. Staff gave us many examples of how they promoted people’s independence and treated people as individuals. One staff member said that they would show people various pieces of clothing so that they could visually choose what they wanted to wear and the person was then helped with any clothing they could not put on themselves. We also saw that where people needed walking frames these were placed so that people could easily reach these when getting up from sitting down.

We observed positive interactions between people and staff throughout our inspection. We found that a very caring approach was taken to try to meet people’s own desires and provide people with quality of life. For example, one person had been supported to obtain something that was important to this person.

We saw many examples of where staff respected and promoted people’s dignity. People had been supported with their appearance and were dressed in clothes that reflected their personalities. One relative felt that they had seen a positive difference to their family member’s personal care now that they had returned to Welland House from hospital.

We saw that toilet doors were closed when in use and staff knocked on people’s doors before they entered. One relative told us that staff, “Never enter a room without knocking the door.” This practice showed the dignity and privacy of people was protected.

Good

Is the service responsive?

Our findings

We received mixed views about the activities that were on offer. One person told us, “I’ve got a project; I am making a car (building a car using different materials).” One relative said, “Staff know what [my relative] likes to do and encourage [my relative].” Another relative told us, “Staff are now asking more about activities.” Another relative said in response to the activities that took place, “Not a lot.”

During our inspection we saw that there were some differences in the support people received to follow their social interests and hobbies across the home. In one lounge area staff spent time with people individually supporting them to look at photographs and colouring pictures. A small group of people took part in chair exercises. Some people were observed doing more individual activities, such as; one person was busy making different everyday objects of interest to them. In contrast in one of the other lounge areas people sat for long periods of time unoccupied. Although staff came into the room at certain times this was mostly to carry out tasks and observations as opposed to offering people the choice to take part in hobby’s or individual interests. We saw that the television was on in one area but people were seen to be disinterested in this and some people fell asleep. The sound of the television was not at a level to enable all people to hear the programme which did not support people with their sensory needs.

The manager was aware that opportunities for people to follow their social interests and hobby’s needed to be improved and the PIR confirmed that actions would be taken by the end of October 2014. The manager and the activities co-ordinator told us about some of their plans to develop opportunities for people to follow their interests. This included using people’s life histories that were already in place so that they could meet people’s individual interests. A fete had also been planned to bring the community into the home and the manager had plans for raised flower beds in the garden for people who enjoyed this as a hobby.

In the care plans we looked at people’s choices and routines were written down together with people’s life histories. This meant that people who were not always able to communicate their preferences had their care delivered in the way they preferred. All the staff we spoke with had a good understanding of people's preferences, routines and care needs. Staff were able to describe how they supported people and changes in behaviours that may indicate that something was wrong.

We observed a number of different care tasks taking place in different areas of the home and at different times of the day. We observed staff supported people to transfer from chair to chair and this was always done appropriately and people reassured at each stage. We saw staff recognised when the transfer for one person would be difficult to achieve and they decided not to go ahead with this. We also saw that one person had sore skin but this had now healed with the care that they had received. This showed that staff used the knowledge gained from their training to deliver effective and responsive care so that they could deliver the best outcomes for people.

The provider had complaints procedures and these could be made accessible in different formats such as larger print and or pictures to meet people’s different needs. The information about how to complain and how complaints would be managed was in the documents provided to people when they came to live at the home. All the relatives that we spoke knew how to raise complaints and where these had been made they told us the management team had listened and taken action.

We heard from one relative that they had raised concerns about the lack of respect, privacy and dignity shown to one person due to the practices of a visiting professional. The relative said that the manager had taken action to prevent this happening again.

One social worker told us about their positive experiences of how responsive the manager and staff were to one person’s needs when they came to live at the home. They provided us with examples where the manager and staff had taken action by putting measures in place that helped the person to settle in to their new environment and their complex needs to be met in the best way to suit them.

Good

Is the service well-led?

Our findings

People and relatives that we spoke with knew who the manager was and told us that they felt comfortable in approaching them. One person told us, "I think we've got quite a good management team really."

The management team listened to the views and experiences of people living at the home and their relatives, through informal discussions and formal meetings in the home. All relatives that we spoke with were confident that they were listened to and that staff would respond to any concerns they raised. We heard about some examples where relatives had shared their views about life in the home or raised any concerns they all felt that these were addressed to their satisfaction by the management team. The manager used the views that they gained from people and relatives to make improvements to the experiences of people who lived at the home.

There was a strong leadership team in place and the manager was fully supported by the operational manager and deputy manager. The manager was in the process of registering with the Care Quality Commission to become the registered manager of Welland House Care Centre.

We saw that the management team were supportive of staff during the day, taking time to check that they were alright and that people's support needs were met. Staff were able to carry out their duties effectively, and the manager made themselves available if they needed any guidance or support.

The manager was able to describe the improvements that had been made and told us about improvements that were on-going. For example, they wanted to develop the knowledge of all nurses employed at the home and ensure they were all performing their roles and responsibilities to their best abilities. The recruitment for a clinical lead would further promote and help to build the staff team and promote staff knowledge for the benefit of the people who lived at the home. The manager showed us that they had plans to meet with the catering supplier to review meals and wanted to raise the involvement of relatives in the reviews of their family members care. This showed that the manager was committed to making improvements for the benefit of people who lived at the home.

In the information that we had received from the provider they told us that a plan of refurbishment was in place to upgrade the environment. During our inspection we looked at the improvements that had been made to the environment since our last inspection and how these met the needs of people who lived at the home. For example, the manager showed us they had begun to introduce themed areas in corridor areas such as pictures of film stars and another area with beach items as points of interest for people. In one corridor area there were locks and door handles placed on the wall so that people could touch, use and feel these. The manager told us that one person particularly loved these and they were objects of interest for people as they walked along the corridor areas of the home. This demonstrated that the manager had made improvements with particular consideration to meeting people's needs and to enhance their wellbeing.

The manager had also put in place more robust system to promote people's skin care to help to prevent skin becoming sore and or wounds develop. The manager told us that this seems to be working as there were no people with pressure area wounds at the time of our inspection. This showed that the manager knew where improvements were needed to respond to people's needs effectively and ensure the home was well led for the people who lived there.

The manager's quality assurance system included monitoring and analysing accidents and incidents. The records we looked at showed that when the manager identified possible causes, they took action to minimise the risk of a reoccurrence. For example, one person was assessed and was at high risk of falls. The person's medication was reviewed and slowly reduced. The person's physical health had now improved. This demonstrated that people's risks were looked at on an individual basis so that their needs were met and potential risks were reduced as much as possible.