

Welford Court Limited

Welford Court

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

About the service

Welford Court is a residential care home providing personal care for 14 people aged 65 and over at the time of the inspection. Many of the people using the service were living with varying stages of dementia, alongside other healthcare needs. The service can support up to 14 people.

The service supports people in one residential building which has been adapted and extended. The first floor is accessed by a stair lift.

People's experience of using this service

People's safety was promoted; staff understood how to protect people from the risk of harm and understood potential signs of abuse. People were involved in assessments of potential risks to their safety and in identifying measures to keep them safe. Care plans provided clear guidance for staff to follow.

Medicines continued to be managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately. People were protected from the risk of infection through staff working practices.

People were supported by a consistent team of staff who were safely recruited. Staff continued to receive essential training and there were opportunities for additional training specific to the needs of people. Staff continued to tell us they felt supported, records showed they had regular supervision.

People were provided with care and support which ensured they had good nutrition and hydration, and access to healthcare that maintained their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

Care plans supported staff to provide personalised care. People were encouraged to take part in activities and interests of their choice. There was a complaints procedure in place and systems in place to deal with complaints effectively. The service provided appropriate end of life care to people.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required. Further developments were planned to support staff to provide care that achieved the best possible outcomes for people.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

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 ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Welford Court

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Welford Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had two managers registered with the Care Quality Commission, who job shared the post of registered manager. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We also spoke with the provider, the registered manager and two care staff. We observed interactions between people and staff and care and support provided in communal areas.

We reviewed a range of records. This included two people's care records, including their care plans, and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance were reviewed

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received further information and evidence from the provider to evidence improvements had been actioned.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People's safety was monitored and promoted. Staff had been trained in safeguarding procedures, and they knew what action to take to protect people from harm and abuse. Staff training was supported by the understanding and implementation of the providers policies and procedures, and the following of local safeguarding protocols.
- Staff were aware of their responsibilities and were confident to report any concerns about people's safety. One staff member told us, "If I was concerned about a person, I would tell them I would need to share the information with the office. I am confident I would be listened to. If I wasn't, I know I can contact places such as Care Quality Commission to raise my concerns."

Assessing risk, safety monitoring and management

- People told us that the staff helped them feel safe and we observed that people were comfortable in the presence of staff. When asked what it is that helps them feel safe, a person said, "I feel safe having a lot of staff around, day and night." A relative told us, "[Name] is safe here. [Name] had so many falls at home but has had none since moving here. Staff support and encourage [name] to use a walking frame."
- Staff supported people to take positive risks. One staff member told us, "We do supervise people to keep them safe but we are also aware that they need their independence; which we want to encourage."
- Staff had completed training, so they knew how to keep people safe in the event of an emergency such as a fire. The registered manager had sought guidance and advice from the local fire service to develop evacuation plans and information which would support safe evacuations from the service.
- People's risks had been identified and assessed. People had a range of risk assessments including eating, mobility and mental health. Staff supported people to balance and minimise risks in the least restrictive way. For example, one person's care plan advised staff they needed a walking frame to stand and transfer, though on some days they may need additional support through lifting equipment due to fatigue.
- Staff supported people who could become distressed or agitated safely. People's care plans detailed the level of support and intervention staff needed to provide. One relative told us, "I think they are very skilful at defusing tricky situations. Some people here appear to get angry for no reason what so ever. Staff remove them to a quieter part and they calm down. Minutes later and it's all ok. It's marvellous how they do it."
- Premises and equipment were serviced and managed safely. Internal environmental checks were completed.

Staffing and recruitment

- People told us there were enough staff to meet their needs, our observations and records such as rotas confirmed this. Staff had time to spend with people, talking with them and providing the care and support they needed.

- Staffing levels were assessed using a dependency assessment tool. This was reviewed regularly and every time a risk assessment was reviewed or updated.
- Robust recruitment systems ensured that new staff were safe to work in a social care setting. Staff files showed that checks had been made with the Disclosure and Barring Service which supported the provider to make safer recruitment decisions. These checks were updated every three years to ensure staff remained safe to work in the service.

Using medicines safely

- People received their medicines safely and as prescribed. One person told us, "I used to take my medicines myself but now staff bring it to me in the mornings. I am happy with how they help me."
- Medicines were managed safely. Records showed that medicines were ordered, stored, administered and disposed of as required including medicines that needed special storage arrangements. Staff checked medicine administration records and temperature checks and regular audits were undertaken to ensure medicines had been given correctly.
- Where people had as and when needed (PRN) medicine, there were protocols in place to support staff as to when this may be required. We found rotation charts were not in place for transdermal medicines (such as patches applied to the skin) in line with best practice. The registered manager implemented these during our inspection visit.
- Staff were trained in the administration of medicines and their competency regularly assessed.

Preventing and controlling infection

- The service was kept clean and free from malodours. The provider had implemented a programme of replacing flooring where required.
- Staff were trained in infection control and we observed staff using appropriate personal protection equipment, such as gloves and aprons, and washing their hands.
- Staff followed the provider's infection control procedures and cleaning schedules to protect people from the risk of infections.

Learning lessons when things go wrong

- Systems were in place to ensure lessons were learnt from incidents that had occurred within the service. For example, privacy locks had been fitted to bathroom doors following a recent person's fall to ensure staff could gain access in a timely manner.
- Incidents and accidents were recorded and monitored. Records showed that help and advice from health and social care professionals had been sought immediately where needed.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed to ensure people received good outcomes. A registered manager met with people and, where relevant, their relatives to undertake a full assessment. One relative told us, "We were involved and consulted about how [name] would like their care to be provided and felt listened to."
- The assessment looked at people's physical and mental well-being, level of independence, their preferences, social circumstances, communication needs and dietary requirements.

Staff support: induction, training, skills and experience

- People and relatives told us that staff were trained and knowledgeable to meet their needs.
- Staff told us they received training considered essential by the provider. One staff member told us, "I have done a lot of training. [Name of registered manager] is really good at putting us through courses that help us to develop. I have just completed a medicines course and I am working towards a vocational qualification. I feel I have a good knowledge base that supports my experience."
- The registered manager had recently reviewed and developed training for staff. Training provided staff with specific skills to meet people's needs. For example, staff could become 'champions' in dignity, dementia or medicines and support other staff development and awareness.
- All staff had completed the care certificate, a set of nationally recognised induction standards based on best practice. The registered manager had developed a new, more detailed induction which included competency observations to ensure staff applied what they had learnt into practice.
- Staff received regular supervision and felt supported in their role. All staff had signed a supervision contract to help them to understand the importance of supervision in supporting them to develop within their role.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food, had enough to eat and drink and that they had choices. A relative told us, "[Name] looks ten times better than before moving here. [Name] has a good diet and eats well. We can check the menu or ask staff what [name] has eaten at any time." A second relative told us, "The food is good here. Staff have charts to monitor how much [name] drinks to make sure [name] doesn't get dehydrated. They have only had one urine infection since moving here which is a big improvement."
- We observed the lunchtime experience. People were supported to eat where they preferred such as the lounge, their room or dining room. We observed that people had access to equipment such as plate guards and adapted cutlery which helped them maintain their independence in eating. Staff checked if people needed support discreetly and prompted people when needed.
- The registered manager had introduced red coloured crockery to stimulate people to eat where they had

poor appetite and encouraged staff to sit and eat with people to promote a positive dining experience.

- Staff knew of people's allergies, dietary needs and preferences. Where people were assessed by a Speech and Language Therapist (SALT), the guidance from this assessment was well recorded, and the kitchen staff knew each person's needs such as the need for soft and moist food or thickened fluids. The cook had up to date records for individuals that had dietary requirements such as fortified diets, allergies or preferences.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by having access to a wide range of health and social care professionals. For example, speech and language therapists, opticians and physiotherapists.
- Staff worked in partnership with other agencies, such as dementia in-reach team and district nurses, to ensure people had the care and support they needed to achieve best outcomes in their health and well-being.

Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us people received the care and treatment they needed. One relative told us, "Staff noticed that [name] became more than usually sleepy and did not eat much. They observed and asked the GP for a urine test, which proved [name] had a urine infection and antibiotics were prescribed very quickly. Staff even called me to tell me if I am coming that day to bring some cranberry juice which they were advised to give."
- Records showed that staff liaised with other agencies such as social services and health professionals.
- Care records included a hospital grab sheet in the event they were admitted to hospital. This provided information in an accessible format about people's care needs, likes, dislikes and preferences.
- People's care plans reflected any specific health needs such as frailty and dementia, and the support people needed to manage these.

Adapting service, design, decoration to meet people's needs

- The premises had not been fully adapted to meet the needs of older people or people living with dementia. For example, people were unable to access the conservatory or garden without supervision due to significant thresholds they needed to step over.
- Following our inspection, the provider shared action plans with us which involved the re-design of this area to open up the communal lounge and make it accessible for everyone. Work had commenced shortly after our visit.
- The registered manager was working with the provider to review communal areas to ensure fixtures and fittings supported best practice in dementia care.
- People told us they loved their rooms and described them as being 'light and airy'. People were able to personalise their rooms with their own belongings.

Ensuring consent to care and treatment in line with law and guidance; Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were aware where people had authorisations and this was also recorded in people's care plan. People had access to independent advocates and paid relevant person's representatives from the local authority.
- People told us they were asked for consent before any personal care took place. A person said, "Staff are very good at explaining what they will do before they do it. I have seen them do this with everyone. I think the advanced instructions is helpful."
- People's capacity to make day-to-day decisions and choices had been assessed and included in their care plans. Records also detailed the support they may need to make more complex decisions and who should be involved.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives overwhelmingly told us that staff were kind and caring. A person said, "I can describe staff as pleasant, helpful, with a good sense of humour so we have a laugh. It's not easy to be old and they understand this." A relative told us, "Staff will do anything [name] asks them to do; they will follow any of [name's] wishes. Staff fulfil a huge task to be kind and professional at the same time. They are also kind to us when we come for visits. They know our family and every other family and keep us in the loop about things in the home."
- People were supported to maintain relationships that were important to them. We observed that relatives and visitors were welcome to visit and were free from restrictions.
- Staff recognised and respected people's diversity. For example, their backgrounds, lifestyle choices, cultures and religions. Staff were aware of their responsibilities in how to protect people from any type of discrimination.
- Staff spoke of positive teamwork and having the time they needed to meet people's needs and spend time with them. A relative told us, "The staff are so patient here. I have never seen them rush anyone, they go at the person's pace. They know [name of family member] better than I do."

Supporting people to express their views and be involved in making decisions about their care

- Records showed that people and appropriate relatives were involved in informing the person's care plan and in making decisions about their care.
- People told us they were supported to make choices and decisions. One staff member told us, "[Name] has no family members. I make sure I spend time talking with [name] and make sure [name] is able to make choices and decisions and is listened to. [Name] appreciates this."
- A relative told us they were consulted and involved in their family members' care from the beginning which helped them to feel a part of their family member's life.
- Relatives told us they were able to access their family member's care records, where they had authorisation and this had been agreed beforehand. Records were stored securely.

Respecting and promoting people's privacy, dignity and independence

- People told us their independence was maintained by staff. One person told us, "I can have a wash any day but it's my choice to wash twice a week. I do most of the washing myself, staff just help with washing my back and rinsing."
- People's privacy and dignity were upheld. Staff took care to support people to maintain their appearance, such as advising on appropriate, clean clothing and providing personal care in line with their wishes.

- People's care plans detailed people's abilities and achievements which helped to guide staff to provide support only where needed.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained Good: This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by staff that knew them well including their needs, preferences and interests. Staff told us they got to know people through reading their care plans and spending time with them and, where appropriate, their relatives.
- People's care plans were outcome focused and personalised, as they had been written with the involvement of the person, and in some instances a relative. Care plans were signed by the person, reviewed and updated to meet their changing needs.
- Care plans were person centred, they included information about the person's social and employment background, their current needs, their likes and dislikes. Care plans recorded what was important to people such as how to uphold their self-esteem, hobbies and relationships or people that were important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans detailed their communication needs where appropriate. For example, where people had a cognitive impairment which meant they found it difficult to process what was being said, their care plan instructed staff to speak concisely, and to give the person time to respond.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their hobbies and interests. One person told us, "I like spending time reading books and magazines, my daughter brings me a lot. I am not interested in board games, but the activity lady plays them with other people. It's good I can go to my room when I want and just do what I would do at home, catch up with family over the phone."
- People were supported to spend their time as they wished. Activities included board games, mobility to music, armchair exercise and trips out to the local pubs or garden centres. We saw people were provided with current newspapers and magazines and supported to discuss current affairs with staff.
- Staff held special events, such as afternoon tea, BBQ and Christmas lunch, with invitations sent out to people's friends and relatives.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were recorded and investigated, which included information as to any

action taken by the provider. Complainants had received a response to their concern.

- People we spoke with were aware of how to raise concerns. People in some instances told us they had raised minor concerns, which had been dealt with promptly.

End of life care and support

- Staff had received training in supporting people through end of life care. One staff member said, "End of life care can be heartbreaking because we know them [people] so well. We want to do the best for them, right to the end." Staff worked with other agencies to support people through end of life.
- The service had received compliments relating to the end of life care people had received, praising staff for the kindness and compassion shown during this time.
- People's care plans enabled staff to record people's wishes and specific requests in relation to end of life care.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives were positive about the leadership and management of the service. One person told us, "I know who the owner is, he introduced himself to me." A relative told us, "I have no problems with anybody from management. They keep us informed, but what is most important is straight talking; nothing to hide, bad or good, it's said. The owner is a plain talking guy as well which I appreciate. I have no issues at all."
- People's care was planned, monitored and reviewed regularly. The registered manager had developed care plans and records so these provided comprehensive guidance and information for staff to provide personalised care.
- People were at the centre of the service and received care that focused on their individual needs. Staff were supported to provide good quality care, as they were monitored, and regularly met as a team to talk about care practices.
- Staff demonstrated pride and enjoyment in their work. One staff member told us, "I leave here feeling like I have done a good deed."
- The registered managers knew all the people using the service well and were involved in supporting them.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team ensured there were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- All managerial staff understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed.
- Where appropriate the provider ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager post was job shared between the care manager and the owner. The care manager oversaw the day to day running of the service and consulted with the owner regards development and improvements within the service. The owner remained involved in the overall running of the service. This

simple management structure was open and transparent

- Staff were clear in their roles and what was expected of them.
- Quality assurance systems monitored the quality of service being delivered and the running of the service, for example medicine audits. The registered managers completed monthly 'walk rounds' of the service to ensure compliance with health and safety. One registered manager regularly worked alongside staff to observe working practices. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.
- At the time of our inspection, the provider was in the process of re-developing their website due to technical difficulties. They told us they would ensure their ratings were displayed as part of this development.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to share their views informally, directly to the registered managers or staff or through their relatives. For example, people were consulted about proposed menu changes and wall art within the service. Their feedback was considered when decisions were made.
- Many of the people using the service were living with dementia and the registered managers were exploring ways in which they could support people to share their views in a meaningful way.
- One registered manager had identified that relatives sometimes felt isolated when their family member began to use care services. They had arranged to support all relatives to be involved in their family member's care, through social events and newsletters. They were in the process of creating secure social media to communicate information directly with people's relatives.
- Staff told us they felt able to share their views directly with the registered managers or through staff meetings. Minutes of meetings showed these were used to support staff to understand and follow best practice when they provided care.
- Staff described positive communication within the service. The registered manager had created an encrypted electronic communication system for all staff to share non-confidential information. Staff spoke about having their individuality recognised and respected. For example, training recognised where staff may need extra support to learn new skills.

Continuous learning and improving care

- The registered managers took part in forums and managers meetings to share and learn new ideas. For example one registered manager was in the process of arranging for other agencies such as a local dentist, and the dementia in-reach team, to visit and provide guidance and information for people, their relatives and staff collectively. They had also arranged for people and relatives to attend a meeting which provided advice in various aspects of will making.
- The care manager, who was one of the registered managers, had made improvements to ensure they fulfilled the provider's contractual requirements with local authority commissioners.
- The care manager had developed an action plan for improving and developing the service. This included electronic care planning, which was already in progress, advanced assessment tools based on best practice, such as oral healthcare, more robust pharmacy arrangements, effective partnership working and providing dementia care in line with current best practice and dementia care models.

Working in partnership with others

- The service worked in partnership with a range of health and social care professionals to ensure people achieved the best possible outcomes.
- Staff were proactive in seeking advice and guidance from specialist agencies, such as dementia in-reach and district nurses. They used this to develop and improve the care provided.

