







Essex County Care Care Well House

Inspection report

Chestnut Way
Brightlingsea
Essex
CO7 0UH
Tel: 01206 303311
Website: www.southendcare.com

Date of inspection visit: 30 September 2015 and 1 October 2015
Date of publication: 06/01/2016

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

The inspection took place on 30 September 2015 and 1 October 2015 and was unannounced.

Well House provides accommodation and personal care for up to 43 older people who may also be living with dementia. The service does not provide nursing care. At the time of our inspection there were 31 people using the service.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe because the manager and staff understood their responsibilities in managing risk and identifying abuse. People received safe care that met their assessed needs.

Staff had been recruited safely and they had the skills and knowledge to provide care and support that met people's needs in ways that they preferred.

Summary of findings

The provider had systems in place to manage medicines and staff supported people to take their prescribed medicines safely.

Staff had the skills and knowledge to provide effective care. People's health and social needs were managed effectively with input from relevant health care professionals. People had sufficient food and drink that met their individual nutritional needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

People's care was delivered in a dignified manner and they were treated with kindness and respect by staff who knew them well.

Staff respected people's choices and took their preferences into account when providing care and support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated.

There was an open culture and the manager supported and encouraged staff to provide care that was centred on the individual.

The provider had systems in place to check the quality of the service and take the views and concerns of people and their relatives into account 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 was safe

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

Good



Is the service effective?

The service was effective.

Staff received the support and training they needed to provide them with the information they needed to support people effectively.

People's health, social and nutritional needs were met by staff who understood their individual needs and their preferences.

Where a person lacked the capacity to make decisions, there were processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

Good



Is the service caring?

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, they were attentive to people's needs and maintained their privacy and dignity.

People were encouraged to be fully involved in decisions about their care and were supported to maintain relationships that were important to them.

Good



Is the service responsive?

The service was responsive.

People's choices were respected and their preferences were taken into account when staff provided care and support.

Staff understood people's interests and encouraged them to take part in hobbies and interests that they enjoyed. People were supported to maintain social and family relationships with those that were important to them..

There were processes in place to deal with people's concerns or complaints and to use the information to improve the service.

Good



Summary of findings

Is the service well-led?

The service was well led.

The service was run by a competent manager with good leadership skills who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with a good standard of care. Staff morale was high and they worked well together as a team.

There were systems in place to obtain people's views and to use their feedback to make improvements to the service.

Good



Well House

Detailed findings

Background to this inspection

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

This inspection took place on 30 September 2015 and 1 October 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager.

This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with four people who lived at the service and two relatives. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met. We observed how staff interacted with people. We spoke with the manager and four members of the care team including one senior care staff, and a member of the housekeeping team. Following our inspection we spoke with a health care professional.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, recruitment records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

People told us that they felt safe living at the service. One person said, “I feel safe here” and another person said, “Yes I feel quite safe here.” They also told us that they did not have any worries or concerns but they would talk to staff or the manager if they had.

Staff had received safeguarding training and they knew how to keep people safe. A member of staff gave us detailed information about their understanding of abuse. They told us, “I would report any concerns to the manager. I haven’t had to, but I know if I did they would be dealt with.” Staff also understood the local authority’s role in investigating safeguarding matters. The registered manager demonstrated a sound awareness of their responsibility to alert the local authority to any suspected abuse or poor practice and also to notify CQC of any incidents of concern.

Staff had a good understanding of how to manage risks. We saw from people’s care records that there was a range of risk assessments in place that related to their individual needs, such as moving and handling and falls prevention. The manager and staff carried out formal risk assessments using nationally recognised tools including the Waterlow score for assessing the risk of developing pressure ulcers and the Malnutrition Universal Scoring Tool to assess risks associated with nutrition. People’s risk records were updated regularly as part of the care planning process.

Staff understood the processes in place to keep people safe in emergency situations for example in the event of a fire. Staff knew what they had to do in these circumstances to keep people safe.

The manager carried out assessments of people’s dependency needs to calculate staffing levels so that there were sufficient staff to provide safe care. People told us there were enough staff to keep them safe. One person said, “I’ve got the buzzer next to my bed and if I need anything they come to help.” The person told us they did not have to wait long for staff to come and see what they needed. We saw that people’s care and support needs were

being met promptly by the staffing levels in place. Staff also said they were satisfied with staffing levels. One member of staff said, “We have enough staff. On the odd shift if we’re a bit stretched because someone’s off we get agency staff to support.”

The provider had clear systems in place to recruit staff that helped keep people safe because relevant checks were carried out before a new member of staff was employed. Checks were carried out on the suitability of applicants which included taking up references and checking that the member of staff was not prohibited from working with people who required care and support. The registered manager demonstrated an understanding of the importance of employing the right people who understood how to provide good care and knew how to keep people safe.

The manager had systems in place for the safe receipt, storage and administration of medicines. People’s medicines were kept safely in secure storage trolleys. When people had medicines prescribed on an ‘as required’ basis, for example pain relief medicines, there were clear protocols in place to guide staff so that they could recognise and respond to signs that the person needed their medicine. We observed good practices by the member of staff giving medicines on the day of our inspection. The member of staff talked to people, explained their medicines and gave them a drink. Medicines administration record sheets were completed correctly.

The manager had a thorough process in place for checking medicines. A random sample of ten per cent of medicine records was checked every week and a complete audit was carried out every month. In addition there was a full check carried out by the pharmacy every six months. Any advice from the pharmacy representative, for example about improving recording processes, had been acted upon. The manager also carried out ad hoc observations of staff administering medicines and these checks were recorded in staff supervision records.

Is the service effective?

Our findings

The manager carried out a pre-admission assessment before a person was admitted to the service to evaluate whether they were able to meet the person's specific needs. We saw from care records that people's needs had been assessed and care plans developed from the information. Staff understood people's individual needs and the support that was needed to meet those needs. Staff were able to give examples of changes they had observed in individuals and how they responded. When people's needs had changed, plans of care were updated to reflect the changes.

Staff had the skills and knowledge they needed to provide appropriate care and support. One member of staff told us, "The training is good, we have trainers come in to deliver training. I'm also doing my NVQ 3." Other staff were also complimentary about the training and told us they were encouraged to develop their skills. One staff member said they had "quite a bit" of training including dementia training and a senior staff member said, "I'm doing my NVQ level 5 and a team leading course."

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

The manager demonstrated a good understanding and awareness of their responsibilities of MCA and DoLS. We saw from people's care records that MCA assessments had been carried out for making day-to-day decisions such as taking medicines or carrying out personal care tasks.

We saw that staff consulted people and asked their permission before providing care and support.

People received food and drink that met their nutritional needs and that they enjoyed. One person told us, "The food is plentiful and you can have more if you want it. There are two choices. I like the poached fish." Another said, "The food is good."

Staff had a good understanding of people's likes, dislikes and preferences. People had a choice of meals and we saw that staff asked people what they wanted. Where people had specific needs, such as requiring pureed food, staff had a clear understanding of how to meet those needs. Nutritional needs were assessed and where required health specialists such as dieticians or speech and language therapy service were consulted so that staff could follow best practice to meet people's nutritional needs.

People were supported to see health professionals according to their individual needs. One person told us, "I saw the district nurse yesterday just to have a check over." A health professional told us, "People get continuity of care and there is a stable staff team."

Staff demonstrated a good understanding of people's health needs such as pressure area care and they knew how to support people who were at risk of having falls. Staff told us that communication was good between members of the care team. Information was handed over from staff finishing their shift to other staff coming on duty. Staff told us it was important to pass on information such as when people had appointments or if someone had had a fall so that they could receive effective care and support.

The service participated in a pilot project which was part of the Prosper initiative through the local authority. Prosper seeks to improve safety and reduce harm for people in care homes primarily from falls, pressure ulcers and urinary tract infections. They do this by supporting the development of staff skills through education and culture change. The manager and staff were enthusiastic about the project and shared with us some of the ideas they had put in place, for example, they filled the shell of a watermelon with jelly and when set, cut it into wedges so that people could eat it easily and were encouraged to take in more fluids in an enjoyable way. The increase in people's fluid intake was one of the methods used to help prevent urinary tract infections which could contribute to people having falls.

The manager and staff team had worked with health professionals over a period of time to develop good

Is the service effective?

processes for managing pressure area care. A health professional explained that there were pressure ulcer directives in place and said, "They have done a really good

job." They gave an example of someone who was discharged from hospital with a number of pressure ulcers and said the good care from the manager and staff, "healed them."

Is the service caring?

Our findings

All the people we spoke with commented on how friendly and caring the staff were. One person told us, “All the staff are very polite and caring.” Another said, “I love it here. I’m really happy. The staff are very good, helpful and very kind.”

Relatives also praised staff for their caring attitude and told us that staff carried out their role with a positive and upbeat attitude. One relative said, “[Named staff] is always cheerful and smiling.”

We observed that staff spoke kindly to people and took every opportunity to have a chat with them. For example, as staff walked through a communal area they stopped and had a friendly word with people, checking if they were all right or if there was anything they needed. One member of staff told us, “We make sure we always make time to talk to people, especially about their past. That’s important to me – and to the manager.” Another member of staff told us, “It

can be busy in the mornings but we always make time to sit with people. That is a priority.” We saw that staff were cheerful and people smiled and laughed in conversations with staff.

Staff provided care and support respectfully and in ways that maintained people’s dignity. For example, if someone required support with personal care, staff managed the situation discreetly. People told us they were always treated with respect and were complimentary about staff’s attitude. One person said, “I can’t praise staff enough. I have been very well cared for. [Named staff] in particular is very helpful.”

Staff had a good understanding of how to support people if they were upset or distressed and they were able to give examples of how they needed to interact with individuals if they became worried or restless. They knew what to do to reduce people’s anxieties and put them at their ease.

Is the service responsive?

Our findings

People told us they were consulted about their care and support needs. They explained that their preferences were respected and they were treated as individuals. One person said, “I can get up when I want. I like to have a nap in the afternoon and I can do that too.”

Relatives also said they contributed to the assessment process. They were satisfied that their family member’s individual needs were well met and were complimentary about the person centred culture within the service. One relative said, “They don’t treat you like an old person. You are a human being. They don’t talk down to you.”

People’s individual needs were recorded in their care plans with sufficient detail so that staff had the information they needed to meet people’s needs in the way that they preferred. Staff knew about people’s likes, dislikes and preferences. They were able to give us details about people’s past such as their family history and their working lives, and they knew about things that were important to individuals. One member of staff said, “We all understand about person centred care and we share that with new staff. We talk to people about their background, it’s useful to talk about the past.” The member of staff then gave examples of how they used specific background information to engage people in conversation to help them remember things.

People were supported to maintain relationships they had before moving to the service, including family and friends. Relatives told us they were always made welcome and the manager and staff communicated well with them.

We saw that people were encouraged to enjoy pastimes of their choosing. People told us they could choose what they wanted to do. One person, who was reading a book in a communal lounge, told us they liked to sit there with their book because they liked to chat as well. Another person was knitting and they said staff were very supportive and were very good at donating wool so that they could keep busy.

We observed that staff took time to chat with people individually and spoke to them about any entertainment or outings that were planned. A member of staff told us, “The mornings are busier but in the afternoons we have plenty of time. This morning I did someone’s nails and this afternoon we’ll do some painting.” People told us they liked to go out to garden centres or the community centre for activities and there were plenty of opportunities to do things.

The provider had a clear process for responding to concerns and complaints. We saw that communication was good and staff routinely checked with people if they were all right or if there was anything they needed. Minor concerns were addressed as and when they arose. One person told us, “I haven’t any need to complain. Everything’s good.” and another person said, “I have no complaints.” We saw that staff, when people were less able to communicate their concerns, staff were alert to changes in their behaviour or mood so that they could address their worries.

Is the service well-led?

Our findings

People who used the service, relatives and staff were complimentary about how the service was managed. People commented on the open culture and said that they felt they were included in what went on. They told us they felt their views mattered to the management team and staff. The registered manager was visible throughout the service and we saw that she knew people well.

Relatives said that the manager had an open door; they were confident that they could raise anything and if they did they would be listened to and acted upon. One relative told us, "The manager is very good."

Staff felt well supported by the manager and told us that they felt management and staff were a good team and they knew what was expected of them. Staff described a culture that put people first and treated them as individuals. One staff member said, "In care you get used to a rushed schedule but we're encouraged by the manager to slow down." Another said, "The manager is very, very good. The door is always open and she comes on to the floor and assists staff too."

A health professional was also positive about the way the service was managed so that people received appropriate support. They said, "There is a really good manager who is really receptive to advice."

We observed that staff worked well together and there was a strong culture amongst staff of providing support for one another and working together as a team. All the members of staff we spoke with told us that the teamwork was good. One staff member said, "This is a good place to work. There is good teamwork, they are a nice bunch of people." and another said, "There is good teamwork. The housekeepers muck in too and are brilliant."

The registered manager and senior staff carried out a range of checks including health and safety audits such as fire systems and equipment. Other audits included monitoring people's care records to check they had been reviewed and were completed appropriately,

Notifications about incidents were submitted to the Care Quality Commission (CQC) promptly and contained relevant information about how incidents were managed and measures that were in place to reduce the risks of further similar occurrences.

There were systems in place for managing records. People's care records were well maintained and contained a good standard of information. The manager and staff reviewed, assessed and updated care records according to changes in people's needs. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use. People could be confident that information held by the service about them was confidential.