

Wellington Care (Somerset) Limited

Wellington and Longforth House

Inspection report

Longforth Road
Wellington
Somerset
TA21 8RH

Tel: 01823663667
Website: www.wellingtonhouse.net

Date of inspection visit:
31 January 2017
01 February 2017

Date of publication:
01 March 2017

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

Wellington and Longforth House is a residential care home with two distinct units. Wellington House provides accommodation to older people with dementia and mental health needs. Longforth House provides accommodation to people with a range of mental health needs.

Wellington and Longforth House provides accommodation to up to 43 people. At the time of the inspection there were 24 people living in Wellington House and 11 people living in Longforth House.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People remained safe at the home. People told us there were adequate numbers of suitable staff to meet their needs and to spend time socialising with them. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People received their medicines safely.

People continued to receive effective care because staff had the skills and knowledge required to effectively support them. People's healthcare needs were monitored by the staff and people said they had access to healthcare professionals according to their individual needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The home continued to provide a caring service to people. People told us, and we observed, that staff were kind and patient. A visitor told us "I am very happy with everything. There is definitely no lack of care here." People, or their representatives, were involved in decisions about the care and support they received.

The service remained responsive to people's individual needs. Care and support was personalised to each person which ensured they were able to make choices about their day to day lives. Complaints were fully investigated and responded to.

The service continued to be well led. People told us the management team were open and approachable. The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. One person told us "They [registered manager] come to see if I'm ok and if there's anything I want to talk about. He's very easy to talk to." The registered manager and provider had monitoring systems which enabled them to identify good practices and areas of improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Wellington and Longforth 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 checked 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 was a comprehensive inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. At our last inspection of the service in August 2014 we did not identify any concerns with the care provided to people.

During this inspection we spoke with nine people who lived in Wellington House and four people in Longforth House. We also spoke with five visitors. We spoke with one visiting healthcare professional and five members of staff. The registered manager was available throughout the inspection. Some people were unable to fully express themselves verbally due to their dementia. We therefore spent time observing care practices in communal areas of the home.

We looked at a number of records relating to individual care and the running of the home. These included three care and support plans, three staff personal files and records relating to medication administration and the quality monitoring of the service.

Is the service safe?

Our findings

The service continues to provide safe care. People felt safe living at the home and with the staff who supported them. Some people who lived in Wellington House were unable to fully express themselves due to their dementia. Everyone looked very comfortable and relaxed with the staff who supported them. One person said "They [staff] are very nice to you." A visiting relative told us "I have no worries about anything here."

In Longforth house one person told us "I feel very safe here. There's no bullying or anything like that." People were very comfortable and friendly with other people living in the home and one person said "Everything is friendly between us."

There were adequate numbers of staff to keep people safe and make sure their needs were met. Throughout the inspection we saw staff met people's physical needs and spent time socialising with them. One person who liked to stay in their room said "There's always staff to keep you company. They come for a chat all the time."

The risks of abuse to people were reduced because there were effective recruitment and selection processes for new staff. This included carrying out checks to make sure new staff were safe to work with vulnerable adults. Staff were not allowed to start work until satisfactory checks and employment references had been obtained. Also staff received training on how to recognise and report any suspicions of abuse. Staff told us they would not hesitate to report any concerns and all were confident that if they raised concerns, action would be taken to make sure people were safe. The provider told us in their Provider Information Return (PIR) they operated a zero tolerance to abuse policy.

Risk assessments had been carried out to enable people to maintain good health and to promote their independence. Where people had been assessed as being at high risk of falls, assessments showed the equipment provided to promote people's independence when moving around the home. A number of people who lived in Longforth House liked to go out without staff support. One person said "They talk to you about risks and help you make decisions." Another person who was going out for the day said they always told staff where they were going and roughly what time they would be back.

People received their medicines safely. There were systems in place to audit medication practices and clear records were kept to show when medicines had been administered or refused. The home had recently been audited by the dispensing pharmacy to further make sure that practice was safe for the people using the service. The pharmacist's audit showed the staff looked after people's medicines in accordance with up to date good practice guidelines.

Is the service effective?

Our findings

The service continues to provide effective care and support to people. Throughout the inspection we found staff had the skills required to effectively support people. We saw staff were able to engage with people and support them to be as independent as possible. One person told us "The best thing about living here is the staff. They are very good and very patient." A visitor told us "Staff have all the skills they need to help people and maintain a calm place for them."

Records showed staff received the training they required to keep people safe and to meet people's individual needs. Where people had specific needs specialist training was arranged such as understanding Huntington's disease, dementia care and epilepsy. Wellington House was supported by a specialist nurse who visited regularly to offer advice and support and also offered training to meet people's needs. They told us staff engaged well with them and there was always a good turn-out for any training they provided. This demonstrated staff were well motivated and keen to continually improve their skills.

In addition to the input of the specialist nurse people had access to health professionals according to their individual needs. People told us staff arranged for them to see relevant professionals when they required it. One person was seen daily by a district nurse to support them to manage a long term health condition. Another person told us "They get a doctor if you need one."

Everyone had their nutritional needs assessed and meals were provided in accordance with people's needs and wishes. In Longforth House the main meal of the day was served from the main kitchen and people helped to prepare and serve other meals. One person said "I quite like cooking. There's always staff to help." In Wellington House people were shown a choice of meals to help them to decide what they wanted to eat. We noticed that some people, who did not eat well, were offered sandwiches or other food which they found easier to eat. Where there were concerns about a person's weight or food intake staff sought advice from relevant professionals.

The staff followed advice given by health and social care professionals to make sure people received effective care and support. One person had been seen by a speech and language therapist who had recommended their food and drinks were served at a specific texture to minimise the risks of the person choking. At lunch time we saw this person received their meal in accordance with the recommendations made.

Staff had received training about the Mental Capacity Act 2005 (MCA) and knew how to support people who lacked the capacity to make decisions for themselves. Staff told us most people were able to make day to day decisions but in some cases they had to act in their best interests. Where decisions had been made in a person's best interests these were fully recorded in care plans. One person's care plan showed a decision had been made in their best interests regarding the provision of personal care. The records showed a family member, an independent advocate and a healthcare professional had been involved in making the decision. This showed the provider was following the legislation to make sure people's legal rights were protected.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had a policy and procedure to support staff in this area. The registered manager had liaised with appropriate professionals and made applications for people who required this level of support to keep them safe.

Is the service caring?

Our findings

The home continues to provide a caring service to people. Interactions between people and staff were extremely kind and caring. Staff showed patience and supported people in a way that promoted their dignity. For example one person became upset at one point and a member of staff immediately offered them reassurance and took them to a quiet area to chat with them. This person became calm and seemed to enjoy the conversation they were having with the member of staff. Another person needed support with personal care and a member of staff quietly took them to a bathroom where they could assist them in private.

People told us staff were always kind and respectful. One person said "They respect you." A visitor told us "I am very happy with everything. There is definitely no lack of care here." We saw that people were able to make choices about how they spent their time and were able to spend time in their rooms if they wanted privacy. Staff respected people's need for privacy and quiet time.

There were some staff who had worked at the home for a number of years. This had enabled them to build trusting relationships with people. One person in Longforth House said they felt very relaxed with staff because they felt they knew them well. They commented "It's the best care home I've ever been to. The staff treat you as an equal." One visitor in Wellington House told us how a member of staff had spent time with them to make sure they had lots of information about their relative. They said "They really do try to get to know the person, not just as they are now."

People or their representatives were involved in decisions about their care. People said they were able to make choices. One person in Wellington House said "Everything is up to you." A person who lived in Longforth House said "Everything that happens is with your agreement." Visiting relatives said staff kept them well informed about any incidents or changes in a person's needs. There were regular reviews where people could express their views and make changes to their care plans.

At the time of the inspection the provider was introducing a new electronic care plan system. This had been put in place in Longforth House and was due to be used in Wellington House in the near future. The system enabled photographs to be up loaded directly into care plans and daily records which would help to make them more meaningful to people who found it difficult to read lengthy documents.

Is the service responsive?

Our findings

The service continues to be responsive. People received care and support which was responsive to their needs and respected their individuality. The provider told us in their Provider Information Return (PIR) everyone had their needs assessed before they moved to the home and from these assessments they created person centred care plans.

Care plans we read were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. In addition to full care plans the staff had created brief pen pictures of people which could be used by agency or new staff to make sure they had information about what was important to people. Staff had a good knowledge about each person and were able to tell us about people's likes and dislikes.

Staff tried hard to match care and support to people's likes and individual needs. For example the visiting healthcare professional told us about how one person had been distressed because they did not have any money. The staff had provided the person with a wallet and paper money which enabled them to pay for things they felt they should be paying for. This had led to the person becoming more settled and content. Another person had been a keen darts player and the staff had found a darts game which they could continue to use safely.

Throughout the inspection we saw people were able to take part in a variety of activities. In Wellington House we saw staff sitting with people and providing one to one support and social stimulation. For example one member of staff was reading a newspaper with someone, another person was having a manicure, a person was laying the tables for lunch and two people were doing a quiz. In Longforth House most people were able to occupy themselves and people told us they also helped with household chores on a rota basis. One person said "We do things like vacuuming and making our beds but we go out too. They take you to great places."

Some activities were shared between the two areas of the home. The home was taking part in a project designed to bring older people with dementia and school children together. On one day of the inspection people met with a group of children to do an activity together. One person said "I love the children." There was also musical entertainment one afternoon. This was very much enjoyed by a large number of people. We saw people were very animated, singing along, dancing with each other and staff and generally having a good time.

The provider had a complaints procedure which was displayed in the home in picture format to make it easy for people to understand. People said they would talk with a member of staff if they were not happy with their care or support. Where complaints had been made these had been investigated and responded to. The registered manager had taken action to make sure changes were made if the investigations highlighted shortfalls in the service. One visitor told us they had made a complaint in the past and this had led to improvements. They told us "I did complain and things are brilliant now."

Is the service well-led?

Our findings

The service continues to be well led. There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Since the last inspection changes had been made to the management of the home. We were told by the registered manager that the new structure of a registered manager and a unit manager for each part of the home meant the home was effectively managed at all times and did not rely solely on the registered manager. One member of staff said "Management wise things seem to work well now."

The registered manager had a vision for the home which was to make sure the service was person centred and provided a stimulating and enabling environment for people. The vision was supported by the provider and communicated to staff through day to day discussions, one to one supervisions and team meetings. Staff we spoke with were very positive and enthusiastic about changes being made.

The registered manager and provider sought people's views to make sure people were at the heart of any changes within the home. For example one lounge was being re decorated and a number of wallpaper samples had been put up to enable people to vote on their favourite. One person said "I've picked which one I want and [staff member's name] has put my name on it. I think we are winning."

People told us the management in the home was very open and approachable. One person who liked to stay in their room said the registered manager regularly went to visit them. They told us "They come to see if I'm ok and if there's anything I want to talk about. He's very easy to talk to." Another person said "If there's anything you want to say you can. They do listen."

There were effective quality assurance systems in place. There were regular audits of the property and care practices which enabled the provider to plan improvements. Improvements planned included refurbishment of Wellington House to make the environment more dementia friendly. A small kitchen area was installed into one of the main communal areas during the inspection to enable people to make drinks and snacks. There were also plans to decorate hallways to make them interesting and stimulating places for people.

The registered manager was very visible in the home and unit manager's time was divided between office time and time spent delivering care. This enabled them to work alongside other staff to monitor practice and address any shortfalls. One visitor said of one of the unit managers "They know everyone really well and you feel you can always discuss things with them. All the managers react very quickly if you mention anything."