

StBenetsRCG Ltd

# Wolborough 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

Wolborough Court is a residential care home providing accommodation and personal care to 23 people aged 65 and over at the time of the inspection. The service can support up to 25 people in one adapted building.

### People's experience of using this service and what we found

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.

We received mixed reviews about staffing levels to meet people's care and support needs. Despite the national staffing shortages, the management team had worked hard to ensure that staffing levels were adequate to meet people's needs. The provider and manager confirmed they had experienced difficulties with staffing, largely due to staff leaving, recruitment difficulties and last-minute staff sickness. The provider was actively recruiting for staff on an ongoing basis via various advertising sources. Recruitment checks had been undertaken on staff to make sure they were suitable to support people.

Since our inspection, the home had successfully recruited staff to support the home and further ensure people's care and support needs were met in a timely way.

The service provided safe care to people. One person told us, "Oh yes, I feel safe here." A relative commented, "I am extremely happy with the care provided by Wolborough Court in respect of my mother." Measures to manage risk were as least restrictive as possible to protect people's freedom. People's rights were protected because the service followed the appropriate legal processes. Medicines were safely managed on people's behalf.

Care files were personalised to reflect people's personal preferences. Their views and suggestions were taken into account to improve the service. People were supported to maintain a balanced diet. Health and social care professionals were regularly involved in people's care to ensure they received the care and treatment which was right for them.

Staff relationships with people were caring and supportive. Staff provided care that was kind and compassionate. Comments included, "The staff are caring, friendly and respectful" and "I love it here, I've got my own room upstairs and I like the views."

People received effective care and support from staff who were well trained and competent.

The premises were clean and tidy. Staff followed current hygiene practice to reduce the risk of infections. Visitors to the service were given information to help them reduce the risk of catching and spreading

infection. Health and safety checks of the premises and equipment were carried out at regular intervals.

Staff spoke positively about communication and how the management team worked well with them and encouraged their professional development.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in staff practice at Wolborough Court.

A number of methods were used to assess the quality and safety of the service people received. The service made continuous improvements in response to their findings.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

This service was registered with us on 18 September 2019 and this is their first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our inspection, by selecting the 'all reports' link for Wolborough Court on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Wolborough 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### 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

Wolborough 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 did not have a manager registered with the Care Quality Commission. 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. The new manager was in the process of registering with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with six members of staff including the provider, manager, area manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

#### After the inspection

After our visit we sought feedback from relatives, and staff to obtain their views of the service provided to people. We received information from two additional staff and two relatives. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We provided initial feedback to the service on 4 January 2022.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- A comprehensive and detailed dependency tool was used to determine staffing levels. This was reviewed regularly, and most staff told us that the planned staffing levels were sufficient.
- We received mixed reviews about staffing levels to meet people's care and support needs. Comments included, "Staff shortages have not impacted on my care", "Staffing levels are always at a high level and the staff are very competent in their provision of care services, including medication", "Staffing levels at Wolborough Court are very poor at the moment, whilst we are working to improve this it is very challenging. If someone was to go sick it will be covered by an agency if available, this has led to its own problems" (referring to agency staff not knowing people well), "Agency don't know you, it's frustrating" and "There have been occasions whereby we would have expected (relative) to be checked on a more regular basis due to (relative) wearing wet and faeces covered clothes when we have visited."
- The provider had appropriately addressed the concern regards to people not being checked regularly with the implementation of a 'manager floor check' to ensure people's care and support needs were being met appropriately and in a timely way in line with their care plan and risk assessments. Daily logs demonstrated that staff were undertaking checks as per people's care and support needs.
- Despite the national staffing shortages, the management team had worked hard to ensure that staffing levels were adequate to meet people's needs. Staff had covered last minute shifts due to sickness and worked well as a team.
- The provider and manager confirmed they had experienced difficulties with staffing, largely due to staff leaving, recruitment difficulties and last-minute staff sickness. They were actively recruiting for staff on an ongoing basis via various advertising sources.
- Since our inspection, the home had successfully recruited staff to support the home and further ensure people's care and support needs were met in a timely way.
- The service had recently introduced a 'resident enabler' whose role was purely to support people's emotional well-being and provide dedicated care to help reduce feelings of being withdrawn and isolated. Their role included ensuring people were comfortable and had everything they needed and facilitating visits.
- Throughout our inspection, we saw staff supporting each other and using walkie talkies to summon assistance. Call bells were not ringing for long periods of time. One person told us, "I don't have to wait long" (after pressing the bell).
- We observed staff were present and accessible to people and responded promptly when people required their support.
- The provider carried out the relevant checks required on staff that applied to work at the service to make sure only those suitable were employed to support people. Staff records contained evidence of the checks made by the provider.

Systems and processes to safeguard people from the risk of abuse

- People said they were safe at the service. One person told us, "Oh yes, I feel safe here." A relative commented, "I am extremely happy with the care provided by Wolborough Court in respect of my mother."
- Staff demonstrated an understanding of what might constitute abuse and knew how to report any concerns they might have. For example, staff knew how to report concerns within the organisation and externally such as the local authority, police and the Care Quality Commission (CQC). Staff had received safeguarding training to ensure they had up to date information about the protection of vulnerable people.
- The manager demonstrated an understanding of their safeguarding role and responsibilities. They explained the importance of working closely with commissioners, the local authority and relevant health and social care professionals on an on-going basis. There were clear policies for staff to follow. Staff confirmed that they knew about the safeguarding adults' policy and procedure and where to locate it if needed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People's records contained information about identified risks to their safety and wellbeing. There were measures in place to manage these risks to reduce the risk of harm or injury to people and others. Changes in risk were highlighted as alerts on the electronic system to inform staff.
- Staff understood these risks and what to do to keep people safe. One staff member explained to us in detail how they moved and transferred a person using appropriate equipment to make sure this was done safely.
- Staff had been trained to support people living with dementia and told us what steps they would take when people became anxious or distressed to reduce the risk of harm to people and others. Those people living with dementia were monitored to ensure they were safe. For example, we saw one staff member kindly chat with a person appearing confused until they were distracted and calmer.
- The provider undertook regular health and safety checks of the premises. Safety systems and equipment used at the service were maintained and serviced at regular intervals to make sure these remained in good order and safe for use.
- Learning from incidents and investigations took place and appropriate changes were implemented. For example, care plans and risk assessments were updated. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested where needed to review people's plans of care and treatment.

Using medicines safely

- People's medicines were managed so they received them safely.
- Appropriate arrangements were in place for obtaining medicines. The home received people's medicines from a local pharmacy each month. When the home received the medicines, they were checked, and the amount of stock documented to ensure accuracy.
- Medicines were kept safely in a locked medicine trolley in a locked room. The trolley was kept in an orderly way to reduce the possibility of mistakes happening. Medicines were safely administered. Medicines administration records were appropriately signed by staff when administering a person's medicines. Audits were undertaken to ensure people were receiving their medicines as prescribed. The checks also ensured medicines remained in date.
- Staff received medicine training and competency assessments to ensure they were competent to carry out this task. Staff confirmed they were confident supporting people with their medicines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.



- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People felt staff were well trained. One person commented, "The staff know how to do their jobs." A relative commented, "Staff appear well trained."
- Staff completed an induction and probationary period when they started work at the service. The induction required new members of staff to be supervised by more experienced staff to ensure they were safe and competent to carry out their roles before working alone.
- Staff received training, which enabled them to feel confident in meeting people's needs and recognising changes in people's health. Staff recognised that in order to support people appropriately, it was important for them to keep their skills up to date. Staff received training on a range of subjects including, safeguarding vulnerable adults, the Mental Capacity Act (2005), moving and handling and first aid. In addition, staff received training in topics specific to people's individual needs. For example, dementia awareness and continence care. Staff had also completed nationally recognised qualifications in health and social care, to equip them with the knowledge and skills which they need to provide safe, compassionate care. A staff member commented, "I have had all the relevant training, to support me in my role."
- Staff received on-going supervision in order for them to feel supported in their roles and to identify any future professional development opportunities. Annual appraisals had recently been booked. Staff confirmed that they felt supported by the management team. A staff member commented, "The management team are really supportive."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff knew how to respond to specific health and social care needs. They spoke confidently about the care they delivered and understood how this contributed to people's health and wellbeing. For example, how people preferred to be supported with personal care. Staff said people's care plans and risk assessments were really useful in helping them to provide appropriate care and support on a consistent basis. For example, when recognising changes in a person's physical health.
- People were supported to see appropriate health and social care professionals when they needed, to meet their healthcare needs. For example, their GP and community nurse. Records demonstrated how staff recognised changes in people's needs and ensured other health and social care professionals were involved to encourage health promotion.

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.

- Before people received any care and treatment they were asked for their consent and staff acted in accordance with their wishes. Throughout our visit we saw staff involving people in their care and allowing them time to make their wishes known. People's individual wishes were acted upon, such as how they wanted to spend their time.
- People's legal rights were protected because staff knew how to support people if they did not have the mental capacity to make decisions for themselves. People's capacity to make decisions about their care and support was assessed on an on-going basis in line with the (MCA). People's capacity to consent had been assessed and best interests' discussions and meetings had taken place. For example, the need for a person to be in a care setting and having certain equipment in place to keep a person safe. This demonstrated that staff worked in accordance with the MCA.
- DoLS applications had been made to the relevant local authority where it had been identified that people were being deprived of their liberty. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were reviewed by the manager to check they remained appropriate.

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

- People were supported to maintain a balanced diet. One person commented, "The chef is amazing, and the food is great." People had their preferred meals documented, which also helped inform the menu.
- Care plans and staff guidance emphasised the importance of people having a balanced and nutritious diet to maintain their general well-being. People's weights were monitored on a regular basis. Where a person's ability to eat or drink changed, staff consulted with health professionals. For example, speech and language therapists had been involved with people who had issues with communication and/or eating and drinking. As a result, people were prescribed specific diets to reduce any risks, and staff followed the guidance.
- The chef was aware of who needed soft diets and ensured food was separated so they could appreciate the different tastes and textures.

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

- Wolborough Court is set over three floors accessible by a lift. People's individual needs were met by the adaptation, design and decoration of the premises. People had a variety of spaces in which they could spend their time and their bedrooms were personalised. Reasonable adjustments had been made to enable people to move around as independently as possible.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care

- Staff were kind and compassionate and treated people with respect. We observed staff responding to people in a kind, respectful and compassionate manner. This was demonstrated by gentle and spontaneous interactions from staff to people. For example, ongoing monitoring to ensure that people were comfortable, and their needs were being met. Reassurance and encouragement were offered when required. People and their relatives commented; "The staff are caring, friendly and respectful" and "I love it here, I've got my own room upstairs and I like the views."
- Staff relationships with people were caring and supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.
- Through our conversations with staff it was clear they were committed, kind and compassionate towards people they supported. They described how they observed people's moods and responded appropriately. One staff member commented, "We are a good team. I love caring for all the residents and making sure they are happy."
- There was a strong, visible person-centred culture. This was evident from all staff within all roles. The person-centred culture was embedded at all levels. For example, staff valued people and knew their preferred daily routines, likes, and dislikes. The service ensured that staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. This helped to promote and ensure the service was person centred.
- Staff adopted a strong and visible personalised approach in how they worked with people. Staff spoke of the importance of empowering people to be involved in their day to day lives. People were involved in their care planning where appropriate.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect when helping them with daily living tasks. One person commented, "The staff are always polite and respectful."
- Staff told us how they maintained people's privacy and dignity when assisting with personal care. For example, asking what support they required before providing care and explaining what needed to be done so that the person knew what was happening.
- Staff adopted a positive approach in the way they involved people and respected their independence. For example, encouraging people to do as much as possible in relation to their personal care.
- Staff were aware of the need to ensure people's diversity was respected. They told us how they supported people with different likes and dislikes. For example, who liked a particular routine and the preferred gender of staff when receiving personal care.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Staff knew people well and provided care and support which was person centred and took account of their needs and wishes. Care files included personal information and identified the relevant professionals involved in people's care, such as their GP. The care files were presented in an orderly and easy to follow format, which staff could refer to when providing care and support to ensure it was appropriate.
- Relevant assessments were completed and up to date, from initial planning through to on-going reviews of care.
- Care files contained information about people's history, which provided a timeline of significant events which had impacted on them, such as their physical and mental health. This demonstrated that when staff were assisting people, they would know what kinds of things they liked and disliked. This helped them to provide appropriate care and support.
- People's care plans provided detail of people's individual care and support needs. They were broken down into sections, making it easier to find relevant information. Examples included, physical and mental health, nutrition, continence, skin care, mobility, personal care and eating and drinking. Staff said they found the care plans helpful and were able to refer to them at times when they recognised changes in a person's physical or mental health. Daily notes showed care plans were followed.
- People engaged in a variety of person-centred activities. A 'resident enabler' had been appointed and was responsible for activities and engagement on a one to one basis with people. For example, on the day of our visit people were being encouraged to create memory books.
- People were encouraged to maintain relationships with their friends and family. For example, care plans documented the importance to people of seeing their family and friends. Relatives were welcomed within the home.

### 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.

- We looked at how the provider complied with the Accessible Information Standard.
- Staff were able to communicate with and understand each person's requests and changing moods as they were aware of people's known communication preferences. Care records contained clear communication plans explaining how people communicated. For example, short sentences, eye contact and time to respond and looking for people's facial expressions and gestures.

#### End of life care and support

- People were supported to have peaceful, comfortable and dignified end of life care in line with national best practice guidance. The manager said, in the event of this type of support, they worked closely with the community nursing team, GPs and family to ensure people's needs and wishes were met in a timely way.

#### Improving care quality in response to complaints or concerns

- There were regular opportunities for people, and people that matter to them, to raise issues, concerns and complaints. This was through discussions with them by staff on a regular basis and people having access to complaint forms. The complaints procedure set out the process which would be followed by the provider and included contact details of the provider and the Care Quality Commission. This ensured people were given enough information if they felt they needed to raise a concern or complaint.
- A system was in place to record complaints. Complaints were acknowledged and responded to in an appropriate time frame and other professionals informed and involved where appropriate.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Staff spoke positively about communication and how the manager worked well with them, encouraged team working and an open person-centred culture. Staff confirmed they were kept up to date with things affecting the overall service via team meetings and conversations on an on-going basis. Additional meetings took place on a regular basis as part of the service's handover system to ensure consistency of care and support.
- The service was open, honest and transparent with people when things went wrong. The management team recognised their responsibilities under the duty of candour requirements and followed the services' policies.
- The management team had notified CQC in full about any significant events at the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Audits were completed on a regular basis as part of monitoring the service provided. These checks reviewed people's care plans and risk assessments, medicines, incidents, accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, care plans and risk assessments had been updated.
- Oversight of the service was carried out at different levels from the home manager through to the provider to ensure thorough scrutiny. A service improvement plan was in place to ensure continuous learning and improvement. A member of the management team said, "We are ever learning and developing. It's the people we care for that matters. Recruitment is an ongoing challenge, but we are trying really hard."

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

- People's views and suggestions were taken into account to improve the service. Resident 'comfort' meetings took place which took into account people's views about the food, activities and choices. Surveys had been completed by people using the service and relatives via a well-known care home website. The survey asked specific questions about the standard of the service and the support it gave people. All comments were positive. The management team recognised the importance of ever improving the service

to meet people's individual needs. This included the gathering of people's views to improve the quality and safety of the service and the care being provided.

- The service had received several compliments. These included, "Exceptional care home. All the staff are really friendly and helpful. A modern home with excellent facilities for the residents. Especially all the hard work that has been put in place during Covid-19. My relative has been really well looked after since coming to Wolborough Court"; "I have been here some time now, and I am very happy. The staff are nice, the food is good, and the home is very well looked after. We look forward to seeing more of our loved ones in the future. We are very safe" and "My wife and I have a friend living here for many years and it was a worrying time when we found out she needed to be cared for. I can honestly say once we had visited the home, we have never worried about her since. The manager is caring, and staff are the same. We have always been welcomed with tea and cake. Looking forward to being able to visit again soon."
- People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of maximising people's life choices, encouraging independence and people having a sense of worth and value. Our inspection found that the organisation's philosophy was embedded in staff practice at Wolborough Court.

#### Working in partnership with others

- The service worked with other health and social care professionals in line with people's specific needs. Staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and community nurses. Regular reviews took place to ensure people's current and changing needs were being met.