

St Philips Care Limited

Welbourn Manor Care Centre

Inspection report

High Street
Welbourn
Lincolnshire
LN5 0NH

Tel: Tel: 01400 272221

Website: www.stphilipscare.com

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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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

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.

Staff were well informed about how to recognise when people may be at risk from harm and also how to respond to any concerns correctly.

There were enough staff on duty to give people the care they needed.

Background checks had been completed before new staff were employed.

Medicines were managed safely.

Good



Is the service effective?

The service was effective.

Staff had been supported to care for people in the right way. People were helped to eat and drink enough to stay well.

Where necessary people had access to health and social care professionals to make sure they received appropriate care and treatment.

People's rights were protected because the Mental Capacity Act 2005 Code of practice and the Deprivation of Liberty Safeguards were followed when decisions were made on their behalf.

Good



Is the service caring?

The service was caring.

People said that staff were caring, kind and compassionate.

Staff recognised people's right to privacy, respected confidential information and promoted people's dignity.

There was a homely and welcoming atmosphere in the home and people could choose where they spent their time.

Good



Is the service responsive?

The service was not consistently responsive.

People were not fully supported to pursue their interests and hobbies.

People had been consulted about their care needs and staff provided people with the care they needed.

People and their relatives were supported to raise any complaints they needed to and the provider had arrangements in place to deal with any concerns raised.

Requires improvement



Is the service well-led?

The service was well-led.

Good



Summary of findings

People were encouraged to express their views and be involved in the development of the service and staff were well supported by the registered manager.

Appropriate arrangements were in place for monitoring and improving the overall quality of the services people received.

Welbourn Manor Care Centre

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 28 April 2015 and was unannounced.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using services or caring for someone who requires this type of service.

Before the inspection we reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We asked the local authority, who commissioned services from the provider for information in order to get their view on the quality of care provided by the service. We also spoke with a member of the local community nursing team to obtain their views about the service.

During our inspection, we spoke with six people who lived at the service, five relatives, five of the care staff team, the cook, the administrator and the registered manager.

As part of the inspection we also spent time observing how care and support was provided for people who lived at the service. This was because some people had difficulties with their memory and were unable to tell us about their experience of living at the service. In order to do this we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

We looked at three people's care plan records. We also checked records related to the running of the service such as staff training information, audit information, staff duty rotas, team meeting records, complaints and compliments information, and quality surveys undertaken by the provider.

Is the service safe?

Our findings

All of the people we spoke with told us that they felt safe living at Welbourn Manor, and that they felt the staff supported them safely whenever they needed to move around. One person said, “Yes I am sure I am in very safe hands here.” People and relatives said the home was clean and one person commented, “The cleaning ladies are brilliant, the rooms are always immaculately clean and tidy.”

There was a range of information in the reception area of the service which included instructions for people about what to do in the event of a fire, a contingency and emergency plan and a policy for visitors to refer to. People told us they knew how staff would support them to evacuate the service in the event of a fire and the registered manager and staff confirmed that the information linked to people's individual care plans.

Equipment was available to transfer people safely when they bathed and needed support to get into bed. We saw that when using equipment such as hoists, staff explained what was happening throughout the process and made sure people were helped to move around safely. For example, just prior to lunchtime when a number of people required assistance to move from chair to wheelchair using special equipment there were four members of staff deployed in the room who worked in safe ways using their skills to support people whilst reassuring them using simple instruction, and praise. Once in the wheelchairs, footrests were put in position appropriately so people could be comfortable when they were moved.

People's care records showed identified risks to people's wellbeing had been recorded as part of a risk assessment, which had been reviewed on a regularly and amendments made when people's care needs changed. Staff told us they understood the risk assessments and how they used this information on a day to day basis to keep people safe.

When accidents or near misses had occurred they had been analysed so that steps could be taken to help prevent them from happening again. For example, we saw that a person had fallen in the service. This had been documented in the accident book and in the person's care plan. The person's falls risk assessment had been reviewed and action taken to reduce the risk of a further fall.

People who lived at the service and their relatives told us that there were enough staff to meet their needs safely. On the day of our inspection we saw the numbers of staff available matched what was detailed on the rota. Through our observations there appeared to be sufficient staff available at different times during the day to meet people's needs. From looking at staff rotas and talking with people, the registered manager and staff we found that suitable levels of staffing were being maintained across each shift and staff were deployed in the right way. For example, call bells and verbal calls for assistance were responded to quickly.

Staff who were employed by the provider had been through a thorough recruitment process before they started work to ensure they were suitable people to be employed in the service. We looked at staff recruitment information for three staff members and found that processes were in place. This included completion of an application form with a formal interview with references and identity checks.

Records showed that staff had completed training in how to keep people safe. In addition, staff said that they had been provided with relevant guidance. Staff knew how to recognise and report abuse so that they could take action if they were concerned that a person was at risk of harm. Providers of health and social care services have to inform us of important events that take place in their service.

Staff we spoke with said that they had received training in how to maintain the safety of people who lived at the service. Staff were clear about who they would report their concerns to and were confident that any allegations would be fully investigated by the registered manager and the provider. The records we hold about Welbourn Manor showed that the provider had told us about any safeguarding incidents and had taken appropriate action to make sure people who used the service were protected.

We observed medicines being administered to people and noted that appropriate checks were carried out and the administration records were completed. We saw that staff who administered medicines had completed training in order for them to undertake this role safely.

There were reliable arrangements for ordering, storing, administering and disposing of medicines. Monthly medicines audits and the results were available for us to look at. The registered manager confirmed an independent

Is the service safe?

audit of medicines management had been arranged for 29 April 2015. After we completed our visit the registered

manager confirmed actions identified from the audit had been noted and actioned. All of these checks ensured that people were protected by the safe administration of medicines.

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills required to meet their needs. Staff said that they kept themselves updated through the completion of refresher training and also additional training in areas which included medicines management and caring for people who experienced memory loss and conditions such as dementia. Staff also told us that they held or were working towards nationally recognised care qualifications. This meant staff were appropriately trained and supported to meet people's individual needs.

We saw that the registered manager had a training plan in place which detailed when staff were due for their annual refresher training. Staff who had recently started to work in the service had undertaken an induction which ensured that they were equipped with the skills required to carry out their role.

Staff received regular supervision which reviewed their performance. We saw that the registered manager had a timetable for all staff so that they could monitor when these supervision sessions and reviews were due and had taken place. These processes gave staff an opportunity to discuss their performance and helped staff to identify any additional training they required.

We spoke with the registered manager about their understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that they had an awareness of the act and what steps needed to be followed to protect people's best interests. In addition, they knew how to apply the procedures to ensure that any restrictions placed on a person's liberty would be lawful.

Staff we spoke with were able to demonstrate their understanding of the Mental Capacity Act, 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (MCA) is legislation that protects people who do not have capacity to make a specific decision themselves. Deprivation of Liberty Safeguards (DoLS) is legislation that protects people where their liberty to undertake specific activities is restricted.

Records showed that the registered manager and staff had received training about the subject. At the time of the inspection the registered manager told us there was no one living at the service who were subject to DoLS.

There was a large board in the dining area with an easy to read menu for the day on it. The menu showed there was a choice of either curry or cottage pie. There were also individual pictures of both meals for the day on the menu board to enable people who may have had difficulty reading the information to know about the choices available.

We observed people having their lunch within the dining room in the service and noted that the meal time was a relaxed, social event in the day as people who lived in the service were encouraged to come together to eat.

We saw that when necessary people received individual assistance from staff to eat their meals in comfort and that their privacy and dignity was maintained. This included being assisted by staff to use cutlery and having their food softened so it was easier to swallow.

We spoke with the cook who told us about their role and how they worked to ensure that people received a full and varied diet. For example, the cook told us how they used fortified foods to help people maintain a healthy weight.

People told us they could have drinks at any time during the day and night if they wanted. Other people we spoke with said they enjoyed the food and that they had and made choices regarding what they wanted to eat. One person said, "The food is lovely, just like when I was at home." The person said that they liked the way the food was always fresh and not pre-packed. They commented, "It's all home cooked and there's always plenty of it." One person was served with curry and they said they had changed their mind and wanted cottage pie. Their changes of choice were responded to immediately and the person said, "They always change the food if you fancy a last minute swap."

We spoke with a representative of the local community nursing team. They told that staff worked with them and followed any instructions they gave regarding any specific tasks needed to help people maintain their health. When issues were identified and raised with the registered manager they were responded to quickly. For example the community nurse had discussed the use of special slide sheets to help some people to be moved when they were in bed. The registered manager responded and ensured these were available for use when needed.

Is the service effective?

We saw health care information was also used as part of discussions in staff hand-over meetings between shifts. Staff said this helped them identify any changes or concerns quickly so they could act on them.

Is the service caring?

Our findings

We observed that the interactions and rapport between people and staff was open and relaxed and we saw people related well to the staff. Relatives we spoke with confirmed they thought the staff treated people with respect and were very caring toward them.

The service had a Labrador dog belonging to the registered manager, who accompanied her to work daily. People told us how happy they were to see him and how they loved stroking him. One person said, “The dog has been coming here since he was a puppy and we all love him. He is like one of our own.”

One relative told us they had visited and spoken with a visiting health professional the previous day regarding their family member’s care and that the relative and were satisfied with the care being given at the service, and the liaison between the professionals. The relative commented, “I feel there is good communication between everyone, which is essential. They always pass messages on when I call to enquire regarding [my relative] and are quick to contact me if there is anything untoward.”

Relatives also told us they have held private family functions at the service on previous occasions, and used one of the drawing rooms which one relative said, “Has been perfect. The home have catered and looked after the family very well.”

Two people sitting in the main thoroughfare hallway were spoken with regularly by staff coming and going throughout the morning, exchanging pleasantries and checking if there was anything they needed. We saw staff assisting one person who was anxious gently encouraging the person to sit for a while. We saw another staff member sit and chat with one person whilst they were having a cup of tea and a biscuit.

There was a notice in the reception area of the home which highlighted ways of promoting people’s dignity and had a photograph and information about two dignity champions for the service. This is a government initiative which aims to put dignity at the heart of care services. The registered manager told us they were responsible for promoting the role and staff we spoke with told us they understood the importance of incorporating dignity and respect in the way each individual’s needs and wishes were met.

All of the people who lived in the service had their own bedroom that they could use whenever they wished. We saw that staff knocked on bedroom doors before entering and ensured doors were shut when they assisted people with personal care. Staff were knowledgeable about the care people required and the things that were important to them in their lives. They were able to describe how people liked to dress, what people liked to eat and music they liked to listen to and we saw that people had their wishes respected.

We observed the lunchtime period and noted that when staff assisted people with their food, they allowed them time to enjoy the food and their own pace. Staff sat with people and chatted whilst they ate their food. Staff took time to speak with people as they supported them. Staff also listened before carefully answering when people spoke and didn’t rush people when they were talking about the meal they were enjoying and making choices about what they wanted to drink.

The registered manager was aware that local advocacy services were available to support people if they required assistance and had information available for staff and people so they could make contact with them direct if needed. At the time of this inspection there was no one in the service who required this type of support. Advocates are people who are independent of the home and who support people to make and communicate their wishes.

Is the service responsive?

Our findings

One person said, “Yes I am happy here. It is my home and they treat me very well.” A relative said, “This home has a nice open friendly atmosphere, homely and warm.” Another person said “It’s a well organised home and I think the manager is very easy to approach.

Assessments were undertaken to identify people’s support needs and care plans were developed outlining how these needs were to be met. The registered manager told us how people and their families were encouraged to visit the service before they moved in in order to give them an idea of what it would be like to live in the service and see if their needs could be met.

Each person had a care plan which was personal to them and had been regularly reviewed to make sure that it accurately described the care to be provided. We looked at three people’s care plan information which demonstrated how individual needs such as mobility, communication and nutrition were met.

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The care records we looked at showed that assessments had been carried out and kept up to date in relation to people’s health needs. People said that staff made sure they saw an appropriate healthcare professional whenever it was necessary. One person said, “I think the nurses who visit are great and they work well with the care staff here to help us out nicely.”

We observed staff were busy at all times during our inspection but we did see staff took time to chat with people. Staff knew about each person’s needs and were able to speak with them about various topics that related to people’s interests and lives.

The service employed an activities person who the registered manager told us supported people to pursue their interests and hobbies for 20 hours a week. There was evidence that some entertainment activities took place in the service. These included visits from local musical entertainers and tea and chat afternoons once a month,

held at the local village hall. The registered manager told us this gave people the opportunity to be part of the community and catch up with locals from the village. People told us they enjoyed these events.

We saw there was a dedicated hairdressing room at in the service which people told us they used regularly to have their hair styled. There was also an activity plan displayed in the service showing an activity was offered three days a week. Activities listed were, hairdressing, keep fit and arts and crafts. However, it did not match what was happening during our inspection for example, the activity for the day was exercises. The activity person was not available to provide this activity as they had gone out of the service to take one person to a private appointment. It was noticeable that people did not have access to social stimulation and there was nothing happening to engage them.

People sat in the main communal area either sleeping or watching television. There were no newspapers or magazines in the service for people to read if they wished to. We spoke with one person about how they spent their day. The person said, “I like to have a balance of things to do and be quiet when I want to. There are some good things that happen in the way of entertainment but I think there could be more personal things they could do.”

We spoke with the registered manager who recognised this was an area which needed to be addressed and that they had planned to work together with the activities co-ordinator and people to review and improve the range of activities available. The registered manager also said they were keen to further develop research into more therapeutic one to one activities within the service and would be progressing with this immediately. After we completed our inspection the registered manager sent us information which confirmed a meeting had been held with staff and plans put in place to further develop the way people were supported with activities.

People said they knew staff by their first names and felt they could approach any of the staff team for help or information. There was a range of information available for people and visitors to refer to such as a large framed notice board displaying photographs and names of all the staff.

People were encouraged to raise any concerns or complaints that they had. The registered manager had a complaints policy and procedure in place, which people

Is the service responsive?

could access and confirmed there had been no formal complaints in the last twelve months. The registered

manager told us suggestions for improvements were routinely discussed at resident's meetings or addressed more privately if required and that any concerns raised in this way were responded to and resolved quickly.

Is the service well-led?

Our findings

The service had an established registered manager in post and we saw that people and staff were comfortable and relaxed with the registered manager. The registered manager demonstrated a good knowledge of all aspects of the service, the people who lived there, relatives and the staff team.

We saw the registered manager talked with people who used the service and staff throughout the day. They knew about points of detail such as which members of staff were on duty on any particular day. This level of knowledge helped them to effectively manage the service and provide leadership for staff. The relatives we spoke with said they saw the registered manager as a hands on person, who was approachable and who led her team well. One relative said, “She seems to have a good handle on things and leads her team well.”

Staff were provided with the leadership they needed to develop good team working practices. Staff told us that there was a strong team ethic in the service. The registered manager had an “on call” rota in their office showing that a senior staff member could be called at any time if it was needed. Staff told us the registered manager and senior staff were available at different times in order to ensure there was always someone in charge they could go to when it was needed. Staff also said they were supported to raise concerns or issues either direct with the registered manager or with the provider through the area manager who they said undertook regular monitoring visits to the home. We saw that information was available for staff about whistle-blowing if they had concerns about the care that people received. Staff were able to tell us which external bodies they would escalate their concerns to.

There were handover meetings at the beginning and end of each shift so that staff could talk about each person’s care and any change which had occurred. In addition, there were regular staff meetings for all staff at which staff could

discuss their roles and suggest improvements to further develop effective team working. These measures all helped to ensure that staff were well led and had the knowledge and systems they needed to care for people in the right way.

People were given the opportunity to influence the service they received and residents’ meetings were held by the registered manager to gather people’s views and concerns. Relatives said were kept well informed and received newsletters about what was happening at the service. We saw this was the case and that the newsletters were produced and circulated to every person’s room.

There were effective quality assurance systems in place that monitored care. We saw that audits and checks were in place which monitored safety and the quality of care people received. We also saw that surveys took place at regular intervals involving people, relatives and professionals. Results of the latest survey were on display in the entrance hall and it showed overall feedback was positive. A relative told us they thought the bathrooms and toilets were in need of being refurbished. The relative said, “It would make a big difference if they were refurbished.” Two people we spoke with also said they would prefer it if the service had separate toilet facilities for male and female residents rather than the current unisex facility in place.

In response to this feedback the registered manager showed us they had developed an environmental action plan which had actions set with timescales in order to improve the quality of the bathroom and toilet areas of the service. This showed that people were kept informed of important information about the service and had a chance to express their views.

There were regular visits from the provider which reviewed quality indicators. We saw that where the need for improvement had been highlighted that action had been taken to improve systems. This demonstrated the service had an approach towards a culture of continuous improvement in the quality of care provided.