

Davard Care Homes Limited

Welshwood Manor

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Welshwood Manor is a residential care home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 34 people in one adapted building over two floors.

There was not a registered manager. The previous registered manager de-registered in December 2018. 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. The provider had recruited a new manager but they had not yet submitted an application to register with the Commission.

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

People and their relatives spoke positively about Welshwood Manor. Staff were kind and caring in their approach and treated people with dignity and respect. People and or their representative were involved in decisions about their care and support and how they would prefer staff to deliver it.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a good working knowledge of how to keep people safe and promote their rights.

There were enough staff with the right skills and competence to support people effectively and respond to their needs. There was a strong emphasis on putting people at the heart of the service, promoting good practice and a well-developed understanding of equality, diversity and human rights.

Arrangements were in place to routinely listen and learn from people's experiences, concerns and complaints. People, relatives and staff spoke positively about the new manager and said they had trust in them to manage the service well. They were continuing to develop effective quality monitoring processes to check the quality and safety of the service and drive improvement. The new manager had already found improvement was needed to ensure care records showed how the service was fully supporting people in a personalised way and how they should be responding to a change in needs and associated risk.

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

Rating at last inspection

The last rating for this service was requires improvement (published 22 October 2018). At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service is effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service is caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service is responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The management of the service has not been consistent.

Details are in our well led findings below.

Welshwood Manor

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

Notice of inspection

This inspection was unannounced.

What we did before inspection

We reviewed information we had received about the service since the last inspection. 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.

During the inspection

We spoke with five people who used the service and four relatives about their experience of the care provided. We spoke with six members of staff including the manager, care workers, activity co-ordinator and the maintenance person. We also spoke with a visiting GP.

We reviewed a range of records. This included four 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.

Is the service safe?

Our findings

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

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

Using medicines safely; Learning lessons when things go wrong

At our last inspection the provider had failed to have systems in place to ensure the safe management of medicines and effective oversight of medicine management. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made in relation to the safe oversight and management of medicines

- People received their medicines as prescribed.
- Staff received training and the manager assessed their competence to ensure their practice was safe.
- There were systems in place to help ensure the safe management of medicines and to detect errors; prompt action was taken if any errors were found.
- The manager had raised a safeguarding concern related to a medicine issue. They said learning came from this and in response had introduced new individually dispensed medicine packs; a system which would help to monitor medicine administration more accurately.
- The manager had implemented further quality assurance measures for medicines which included an external audit carried out by a local pharmacist, daily checks and regular meetings with the nurses to look at own practice and promote positive learning.
- The provider had a system for reporting and recording incidents, accidents, falls and complaints. The manager reviewed each one and took suitable action to address them. The manager had oversight of the information and checked for any emerging trends or patterns which they addressed to reduce likelihood of reoccurrence, and to learn lessons.

Assessing risk, safety monitoring and management

At our last inspection we found the provider had failed to robustly assess, identify and mitigate health and safety risks within the environment. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the last inspection to mitigate the risks we identified.

At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 12.

- The maintenance person had secured wardrobes to prevent the risk of them falling onto people and

installed protective covers over radiators to protect people from risk of burns from hot surfaces. Records showed routine audits and checks were carried out to ensure hazards and risks to people's safety, within the environment, were found, assessed and managed appropriately.

- The maintenance person regularly inspected equipment in use to check they continued to be safe and fit for purpose, such as profiling beds, mattresses, bed rails and pressure relieving equipment.
- People had risk assessments in place relating to their mobility, falls, moving and handling, nutrition and skin condition. However, some had not been reviewed and revised promptly when people's needs had changed and therefore were not current and correct. For example, one person told us they could no longer use a stand aid for moving and transferring and they now used a full body hoist. Their moving and handling risk assessment and plan did not reflect this change.
- We found no evidence this person had been harmed and staff were fully aware of the changes to their care and knew how to support their moving and handling needs.
- The manager had already found this shortfall and nurses were reviewing and updating risk assessments.
- People found to be at risk of skin breakdown had the right equipment in place to help prevent this.
- Bed rails were being used only when they were the most appropriate solution to prevent falls.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and cared for. Interactions between people and staff were relaxed and comfortable.
- Systems and processes were in place to protect people from abuse.
- Staff had received training on this subject and understood their responsibilities to act on and report any concerns. The manager understood their responsibilities

Staffing and Recruitment

- The provider carried out safe recruitment practices. The manager carried out all the necessary checks on staff suitability before they began to work at the service.
- Some people told us they were unable to go to bed or get up at a time suitable to them. One said, "Six o'clock is too early to go to bed and nine o'clock is too late". Another explained it was the shift change between these times and there were not enough staff during this key period to support people.
- Other people and relatives told us there were not enough staff at weekends. One person said, "You have to wait longer for assistance at weekends. Staff try their best, they work extremely hard, but at the weekends they do everything."
- The manager explained the differences between the service provided during the week and weekends were no admin staff, activity person, maintenance, laundry, or cleaning staff at the weekends. However, care staff and catering were the same as during the week. Discussion took place with the manager about considering flexible working and variable shift times to enable sufficient staffing levels at key times of the day to meet people's needs and choices.

Preventing and controlling infection

- The home was clean and hygienic. A relative told us, "You can't beat the cleanliness here."
- It had received a five-star rating for food handling and hygiene in the kitchen, which is the highest.
- There was a sluice on each floor for the emptying and washing of commode pans which helped to prevent and control the spread of infection.
- Staff knew how to reduce the risk of infection and followed good practice guidance. The provider supplied staff with personal protective equipment to use such as gloves and aprons to help prevent the spread of infection.

Is the service effective?

Our findings

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

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

Staff support: induction, training, skills and experience

- Staff received the training they needed to do their job which included care related topics as well as health and safety issues.
- Previously supervisions were not managed well. The manager had now implemented regular and recorded supervision meetings with staff to support them in their day to day role and direct observation of practice to review their practice and consider any training needs.
- The manager was putting in place performance and development plans for staff with the opportunity for further learning and development of skills in specific subjects, to share with other staff, and improve outcomes for people.
- The manager is a registered nurse and has a professional UK qualification for teaching (CertEd), they delivered training to nurses and carers in specific care related topics as and when needed to enable them to understand and meet people's specific needs more effectively.

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

- The manager completed holistic assessments of people's needs before they started using the service. The assessment covered all aspects of a person's life including protected characteristics under the Equalities Act 2010. These included cultural and religious needs.
- Staff made appropriate referrals to external services and healthcare professionals to make sure needs were met and advice was looked for. They delivered care in line with best practice guidance.

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

- Staff supported people to maintain their health. Staff monitored their healthcare needs and when changes were identified staff involved other healthcare professionals such as the GP, the dietician, speech and language therapist, dentist, optician and others.
- A relative told us, "When [Family member] was taken ill their care could not have been better."
- A GP confirmed a good working relationship with the service and told us staff acted promptly when people's needs deteriorated and followed instruction well from healthcare professionals.
- Oral health care was assessed and delivered as part of a person's care plan.

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

- People had access to food and drink throughout the day and the overall dining experience for people was positive. One person said, "The food is far too good for me, I mustn't allow the weight to go on." Another told

us, "The food is always very nice."

- Our observation of mealtime showed staff were patient and supportive whilst encouraging, prompting and helping people to eat.
- Where people were at risk of poor nutrition the right healthcare professionals were consulted for support and advice.
- There were arrangements in place for the kitchen to supply fortified, high calorific foods and drinks such as full milk, cream and smoothies to help to promote weight gain for treating poor dietary intake and unintentional weight loss.

Ensuring consent to care and treatment in line with law and guidance

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.

- The service was working within the principles of the MCA.
- Staff members had received training in the MCA and DoLS. They understood principles of the MCA and encouraged people to make decisions for themselves.
- The registered manager had submitted appropriate applications to the supervisory body for DoLS authorisations.

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

- The environment was suitable for the people living there.
- New generation lighting had recently been installed which provided a specific light source that was closer to actual daylight. This helped people to orientate to time of day or night and promoted well-being.
- WiFi sensor units have been installed on both floors to support people to communicate with family and friends via social media and SKYPE.
- The service had a refurbished bathroom with an assisted bath and low-level sink, and a separate wet room with shower. Each provided an environment that promoted comfort, safety and dignity throughout the entire process of transferring, toileting and showering or bathing. Vinyl tiling covered the walls which promoted easy cleaning and warmth.

Is the service caring?

Our findings

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

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

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

- People were positive about the care and support they received from staff and staff spoke positively and caringly about the people they were supporting. One person told us, "I am well looked after, safe and well fed", another said, "We have a laugh and joke they [staff] keep me going."
- The service provided a relaxed and family home environment and staff had positive caring relationships with people.
- People were happy and at ease with staff. We saw staff had a good rapport and interacted well with people.
- Staff communicated with people in a way the person preferred and treated them without discrimination. They considered people's protected characteristics under the Equality Act 2010, respecting and supporting their diverse needs.

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

- The manager and staff knew people well and understood what was important to them and how they preferred staff to deliver their care. One person said, "Staff take notice of what I say, and they know I have a lot of pain especially when I am moved or hoisted." They told us a fairly new member of staff was anxious about hurting them and said, "You tell me how you want things done so I can get it right for you."
- We saw staff involved people and facilitated people's own choice throughout the day.

Respecting and promoting people's privacy, dignity and independence

- Our observations of interactions between staff and people using the service showed that they consistently and always respected and promoted people's dignity, privacy and independence.

Is the service responsive?

Our findings

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

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

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

- The service empowered people to make choices and have as much control and independence as possible. Staff knew people's likes, dislikes and preferences and used this information to deliver care and support in the way a person wanted.
- However, the provider did not have an effective care plan recording system that supported personalised care. Care planning documentation was brief. More detail was needed to provide staff with relevant and important information on the type and level of support each person needed, in a personalised way. The manager had recognised this shortfall within their improvement plan and had booked imminent care planning training for staff.

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.

- The manager was aware of their legal responsibility to ensure that the Accessible Information Standards (AIS) were complied with. They assessed people's communication needs systematically as part of the service needs assessment on admission to the service.
- Documentation was available in larger font for people with poor eyesight.

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

- The management and staff supported people to keep relationships with family and friends.
- Relatives told us the home was very welcoming and always offered a cup of tea.
- The service had an enthusiastic and pro-active well-being co-ordinator. They focused on engaging with people and promoting meaningful activity for them to prevent isolation and boredom and provided emotional and psychological support when needed.

Improving care quality in response to complaints or concerns

- People and relatives told us they had no concerns at this time, they felt they were able to speak freely with the new manager about any concerns and they would address them.
- The provider had an effective system in place to manage complaints and records showed the manager recorded, acknowledged, investigated and responded to any concerns raised, in line with the providers

policy. We noted a low incidence of concerns or complaints.

- The manager checked concerns and complaints for any trends or themes and used them as an opportunity to learn and drive continuous improvement.

End of life care and support

- The manager informed us they were not supporting anyone nearing the end of their life at the time of the inspection.
- The service had set up close links with the local hospice for support in caring for people at the end stage of their life.
- The service was part of My Care Choices Record initiative – a local initiative hosted by the hospice to give people the opportunity to record and share their choices for end of life care, so that people could be confident everyone looking after them knows the care they want. Only staff involved in the persons care such as GP, community nurses, hospital etc were able to access the record securely.
- A senior staff member had been named to take forward a champion role in end of life care. This meant they will receive training specific to this subject area and take a lead in sharing their ability and knowledge to the rest of the team.
- A visiting GP told us the service delivered good end of life care.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same because the provider is not meeting the registered manager condition on their registration.

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

At our last inspection the provider had failed to have effective oversight, management and governance. The registered manager at that time covered nursing hours daily which meant they did not have enough time to manage the service effectively. Following the last inspection, the registered manager stepped down from the management role. The service does not have a registered manager. The provider has recruited a new manager, employed solely for the day to day management of the service. We have not received an application from the manager to register with the Commission yet.

At this inspection we found the new manager was supplying effective management and oversight and had started to drive and embed improvement.

- The manager had managerial experience and worked at the service before as a senior nurse which meant they knew the service, the staff and some people using the service well. A staff member told us, "It has been an unsettling period but [managers name] has been a stable figure here and hopefully this will be successful, [managers name] is a good people person."
- The manager was enthusiastic and committed and fully aware of current position; the improvements they had made, and improvement still needed such as developing person-centred care records and reviewing risk assessments and associated care plans, was included in their improvement plan.
- The manager carried out competency checks, observations of staff practice and a variety of daily, weekly and monthly audits to check the quality and safety of the service, and outcomes for people.
- The manager told us they were currently working to inspire and change ethos of workforce following instability of management by, "...reducing their fears, getting them on board and developing talent, I want staff to feel valued and take on a role." A staff member said, "I feel a lot better now [managers name] is here, the service is running better." Another staff member said, "I trust him impeccably and very happy he is manager."

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

- The manager was open, visible and approachable. They promoted an open culture where people and staff felt comfortable to voice their views or concerns, knowing they would be listened to. A staff member told us, "Yes, I feel able to raise concerns with [manager's name], I know they will listen and act."

- The manager had a clear person-centred vision and said, "Good individualised care, collaborative care and valuing people" were the key values of the service. Staff confirmed they understood the vision and values and said the manager clearly promoted them during staff meetings. A staff member told us the manager "imparts the vision" and promotes "working together as a team" to drive improvement.

- Staff meetings were inclusive and empowering, new ideas and views were listened to. A staff member told us, "[Managers name] listens to you, I respect him for that."

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

- People and their relatives felt listened to and involved. One person said, "I see the manager most days, he comes and pops his head in to see if I am ok and he always speaks when passing."

- The manager gathered feedback from people and their representatives through a range of ways including meetings and surveys.

- There was a strong commitment to equality and inclusion and the manager respected and valued staff. A staff member told us, "We are a good team, everybody respects and supports each other."

Working in partnership with others; Continuous learning and improving care

- The service positively engaged with external agencies to help people and improve outcomes for them.

- A person told us how the management and staff had been working collaboratively with other healthcare professionals to get the best possible support for their rehabilitation to enable them to improve their independence with a view to going home.

- Following the CQC review on oral health care the manager introduced an oral health assessment for people. The assessments found two people in need of treatment and the manager sought dental care for them. Staff had received training in oral healthcare and now know what to look for to identify deterioration in oral health.

- The manager was proactive and eager to develop the service further in relation to end of life care. They had a good working relationship with the local hospice and invited to join the Gold Standard Framework care homes programme in November 2019. This is a training designed for frontline staff to improve quality and co-ordination of end of life care to a recognised standard.

- The manager used information from analysis of incidents and accidents, feedback from people, their relatives and visiting health and social care professionals to continually learn and improve the service delivered.