Country Court Care Homes 2 Limited

Walberton Place Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Walberton Place Care Home is a residential care home providing personal care to people aged 65 and over. The service can support up to 80 people, there were 62 people living at Walberton Place Care Home at the time of inspection. The service supports people who may be living with dementia or need support with their physical health. Walberton Place Care Home is a large purpose-built building over two floors. Each floor has separate facilities such as dining areas, lounges and places to socialise. The first floor is a specialist unit for people living with dementia. The building is surrounded by gardens and has an internal, enclosed courtyard garden.

People's experience of using this service and what we found
Risks to people were not consistently assessed and managed. Some people who were living with dementia needed support when expressing feelings of distress or agitation. Staff did not have clear guidance about the level of risk and strategies to provide care safely. This had a negative impact on the safety and quality of life for some people who were living with dementia. The provider's systems for monitoring quality had not identified shortfalls in risk management.

There were safe systems in place for managing and administering medicines. Staff knew when and how to report any safeguarding concerns. Environmental risks and infection prevention and control procedures were well managed. There were enough staff to care for people and they told us they felt safe living at the home. A person said, "The staff are so friendly, but they don't push themselves on you. We know they're there for us if we need them."

People were supported by kind and caring staff who knew them well. People told us they were happy living at the home. A person commented, "It's very good. I've got no complaints at all. I would certainly recommend it here." 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 were recruited safely and there were effective systems in place to provide staff with the training and support they needed. A staff member told us, "I've had every training that you could possible imagine."

People were supported to have enough to eat and drink and staff worked effectively with other services to ensure people's health needs were met.

The service engaged constructively with people, their relatives and staff to involve them in developments at the home. There was a positive culture and staff worked collaboratively with other services to improve people's experiences.

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 26 October 2022). The service remains rated requires improvement. This service has been rated requires improvement for the last 2 consecutive inspections. At our last inspection we made recommendations about staff training and support for staff health and wellbeing. At this inspection we found the provider had acted on these recommendations and had made improvements.

Why we inspected
The inspection was prompted in part due to concerns received about staffing and risk management. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained requires improvement, based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Walberton Place Care Home on our website at www.cqc.org.uk.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Walberton Place Care Home

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 Health and Social Care Act 2008.

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 team consisted of 4 inspectors 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
Walberton Place Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Walberton Place is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of this inspection there was not a registered manager in post. A new manager had submitted an application to register and since the inspection their registration has been confirmed.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 10 people and 3 relatives. We spent time observing staff interactions with people and 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 spoke with 14 staff including 7 care staff, a chef, hospitality lead, deputy manager, customer relationship manager, operational support manager, area manager and the manager. We spoke with a visiting social care professional. We looked at records relating to people's care and the management of the service. This included 9 care plans, 4 staff records, staff rotas, training plans and management records.

Following the inspection we received information from the local authority and further management documents including an updated service improvement plan.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Systems to assess, monitor and manage risks were not always effective and consistent. Some risks to people were not effectively managed. For example, a person, who had risks associated with continence and wounds, had a risk assessment and care plan in place which contained contradictory information. The assessment and care plan did not provide clear guidance for staff in how best to support the person with their personal care needs. We observed staff were not confident in their approach and this meant the person was not receiving the support they needed in a consistent way. This had a negative impact on the person's dignity and increased risks of infection in their wound.
- Some people were living with dementia and needed support when they expressed feelings of anxiety or distress. The provider's risk management system included keeping ABC records to analyse incidents. ABC records are used to record what is happening before, during and after an incident has occurred to aid analysis and identify possible triggers for people's anxiety and distress. Staff were not completing these effectively and this meant there were missed opportunities to make changes that might reduce people's anxiety and distress. We discussed this with the operational support manager who confirmed additional training would be provided to support staff understanding about how to complete ABC forms.
- Some incidents were not reported through the provider's internal reporting system. For example, a choking incident with one person was noted in daily records but had not been reported. This meant the provider could not be assured that risks were being managed consistently. This was brought to the attention of the manager and the operational support manager who took immediate steps to ensure all appropriate actions had been taken to prevent a further occurrence.

The failure to ensure that risks were effectively managed was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection the provider had implemented a new multifactorial tool to support the analysis and assessment of risks to people. This had improved the quality of the provider's risk assessment process, including when people moved to the home.
- The high number of unwitnessed falls had been recognised by the provider as an area of continued concern and staff had been working with the local authority to make improvements. The manager told us analysis of falls had identified how the geography of the building increased risks because people's rooms were spread out with long corridors separating communal areas and this made it more difficult for staff to monitor people's mobility. The manager explained they were considering solutions to reduce risks around the building and taking steps to ensure the effective deployment of staff to support people's mobility needs.

We have commented further on this in the well led domain of this report.
● Staff were taking a number of proactive steps to reduce risks of falls. This included working with the GP to review medicines that might affect people's mobility and ensuring risk assessments and care plans were updated with clear guidance for staff about people's needs. Following this inspection, the provider confirmed that incidents of falls had reduced significantly and the local authority had noted improvements.

Staffing and recruitment
At the last inspection we made a recommendation the provider sought advice from a reputable source to ensure all aspects of their recruitment process are in line with The Equality Act 2010. The provider had made improvements.

● The provider had safe systems in place for recruiting staff in line with the Equality Act 2010. Appropriate employments checks were made about prospective staff to ensure they were suitable for the roles they had applied to. This includes references being sought and DBS checks being made. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
● There were enough suitable staff to provide safe care to people. People and their relatives told us they were enough staff. A person said, "There's plenty of staff and I recognise them all."
● We observed on the day of the inspection staff were supporting people when they needed help and responded to call bells quickly. A person told us, "I try not to press the buzzer, but I know I can and someone will come."
●Staff described improvements in staffing levels since the new manager had started. A staff member said, "There's just more staff in general. It gives us more time to talk and look after residents."

Systems and processes to safeguard people from the risk of abuse
● People were protected from abuse and improper treatment. People told us they felt safe living at Walberton Place. A person told us they felt safe because, "There's always people about. You can ring the bell and there's someone there."
● Staff had received training in safeguarding. They described how they would recognise signs of abuse and knew what action to take. A relative told us they believed the home was safe. They described their loved one as "contented" and that "the staff are visible and attentive".
● Safeguarding incidents had been reported and investigated in line with the provider's policy. Staff were working with the local authority to ensure actions were taken to protect people from abuse.

Using medicines safely
● People were supported to receive their medicines safely and as prescribed. People told us they were supported to have their medicine when they needed them. A person said they had their tablets when they expected to and told us, "Yes and they talk to me about them, I'm able to comprehend."
● We observed staff were gentle and discreet in their approach when administering medicines. They ensured people's privacy was protected, explained what the medicines were for and administered medicines to people in the way they preferred.
● There were safe systems for ordering, storing and recording medicines. Checks were in place to ensure the safe management of 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 supporting people living at the service to minimise the spread of infection.

● 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 responding effectively to risks and signs of infection.
● 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.
● Visiting arrangements were aligned to current government guidance.

Good

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection we recommended the provider consider reviewing the system for ensuring timely completion of ongoing staff training needs. The provider had made improvements.

● Staff were receiving the training and support they needed to be effective in their roles. A training plan was in place to ensure that staff received regular updates to refresh their knowledge and skills. A staff member told us," I'm very happy with the training I had, there was a lot. I've gained a lot of experience with dementia now. I feel confident to care for people."
● Staff described being well supported in their roles. A staff member said, "The manager will call us before the shift end to see how the shift was and if there were any issues."
● People and their relatives said they had confidence in the skills of the staff. A person told us they believed staff had received the training they needed, they told us, "Yes and if someone's not sure of something, they consult."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The provider used a comprehensive system to assess people's needs and measure risks. Since the last inspection a multifactorial risk assessment tool had become further embedded within practice and this covered a broad range of considerations relating to people's needs and associated risks.
● The provider used evidence-based tools to identify and measure risks to people and this supported staff understanding of people's needs.
● Care plans covered the full range of people's diverse needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People received the support they needed with food and drinks. People told us they enjoyed the food. A person said, "It's excellent, there's a good choice. The selection's good and it's well cooked. I look forward to the meals."
● Food looked appetising and people appeared to be enjoying their meals on the day of the inspection. Staff offered support when people needed it and ensured people were offered a choice of food and drinks.
● People's nutritional needs were monitored, and risks were assessed and managed. Some people needed modified diets and the chef was aware of people's needs. There was a system in place to ensure that staff provided people with the correct meal prepared to the consistency they needed.

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

● People were receiving the support they needed to access healthcare services and staff worked effectively with other agencies.

● People told us they were supported with health care appointments. A person told us they saw the GP when they needed them, they said "You don't have to wait long to see someone."

● Records showed how staff worked with other agencies to improve care. For example, a meeting was held with the GP, paramedic practitioner and dementia specialist to discuss a person's health needs and identify strategies for staff when supporting them. A person told us, "I've seen the chiropodist and I'm seeing the nurse on Friday."

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

● The home was adapted to people's needs. People told us they were happy with the facilities at Walberton Place Care Home. A person said, "I've got my own room and an ensuite. It couldn't be more comfortable."

● People were able to access all areas of the home, there were communal spaces for social activities and other quieter areas around the home.

● Memory boxes were used outside people's rooms to help them recognise their own bedroom.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The provider and staff followed the principles of MCA. People's mental capacity to make specific decisions had been assessed and recorded in their care plans. Decisions made in people's best interests were recorded and relevant relatives or representatives were identified when they were party to decisions. For example, some people who were at high risk of falls had sensor mats in place to alert staff when the moved around. Their capacity to consent to this restriction had been considered and where a best interest decision had been made this had been recorded.

● People's individual records showed when authorisations to deprive people of their liberty had conditions attached. For example, a person had medicines to support their mental health needs. The DoLS authorisation included that there should be a regular review of the person's medicines and records confirmed this had happened.

● DoLS authorisations were up to date and monitored. Applications were made to the local authority when authorisation periods had ended.

Requires Improvement

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 our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality and assurance systems were not always effective. The provider's system for monitoring quality had not identified the issues we found during the inspection.
- Systems for monitoring incidents and accidents had identified high levels of unwitnessed falls. The provider's analysis indicated that staffing levels and deployment of staff may have been a factor. The provider used a dependency tool to identify how many staff were required to support people based on their level of need. The provider's action plan included reviewing the dependency tool and staffing levels, however there had been no changes made or trends identified. This was because the dependency tool did not identify a change in a person's needs, such as an increased number of falls. This brought into question the effectiveness and accuracy of the dependency tool. Following the inspection, the provider confirmed the dependency tool had been amended to be more reflective of people's needs.
- The provider's system for analysis of incidents was not well understood and implemented. The detail required to analyse events preceding, during and after incidents was not understood by staff and this shortfall had not been recognised by managers who were undertaking analysis of events. There was little evidence to identify changes to strategies for staff to support people when they showed signs of being distressed or anxious. This meant people were at risk of not receiving effective and responsive support. Following the inspection, the provider confirmed additional training and guidance would be provided for staff to improve the detail and analysis of incidents.
- Not all records were complete and accurate. The provider kept records of people's care on an electronic care management system but could not be assured people had their needs met. For example, when staff had recorded supporting people to get up in the morning or during the night, the system identified the time when the recording was made and not when the care had been provided. This meant the record was not accurate and did not give a true reflection of the person's care. Following the inspection, the provider confirmed an amendment had been made to the electronic system to ensure accurate times for care were recorded.

Systems for governance were not operating effectively to improve the quality and safety of the service. Records were not consistently accurate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was proactive in taking action to address these concerns and sent us an updated action plan

following the inspection. We will consider how these improvements have been embedded and sustained in practice at a future inspection.

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

● People and their relatives described the service as being open and well led. A person told us, "It's very well managed. It's changed hands recently, but there's similar good practice. The general manager is very good."

● We observed that staff knew people well and were kind and caring in their approach. Staff supported people in a personalised way according to their needs and preferences. People told us they were happy with the care and support they received. A person said, "It's fantastic. I would rather be in my own home, but I'm very, very happy here. The staff are lovely, nothing is too much trouble."

● Staff described an open culture at the home and spoke highly of the new manager. A staff member told us ,"The manager is very approachable and friendly, he speaks with me for an update about the shift. If there were any adverse events, he will talk me through, we make sure records are up to date."

● When things went wrong the provider ensured appropriate actions were taken in line with the duty of candour. There was a positive attitude to learning from mistakes, action plans showed how incidents, feedback and complaints were used to make improvements to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● People, relatives and staff worked in partnership and were involved with the service. People and their relatives told us their views were sought regularly. A person said, "They have get-togethers when any problem is discussed. They definitely listen and they take notes. It's a better way of doing things."

● Staff described feeling able to share their views. A staff member described how the manager helped them to feel in touch and included in the team despite working at night. They said, "The manager comes in sometimes at 4am, or he will be there at 7am and ask how the night shift was."

● Staff had developed positive working relationships with other health and social care agencies. Staff made timely referrals for professional support and advice when needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment There was a failure to manage risks to people effectively.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for governance were not operating effectively to improve the quality and safety of the service. Records were not consistently accurate