

Davard Care Homes Limited

Welshwood Manor

Inspection report

37 Welshwood Park Road
Colchester
Essex
CO4 3HZ

Tel: 01206868483
Website: www.welshwoodmanor.com

Date of inspection visit:
23 November 2022

Date of publication:
02 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

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 27 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.

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

The provider had not ensured effective systems were in place to provide full oversight of the service. Audits had not fully identified or addressed quality and safety concerns. Medicines were not managed safely as staff did not always follow agreed processes. Fire safety risks to people were not always well managed.

The provider completed relevant recruitment checks for new staff; however, minor improvements were needed in the staff recruitment files to ensure they met with the requirements of the regulation. People were protected from the risk of abuse. Staff knew how to identify signs of abuse and felt comfortable raising concerns with the manager.

People told us they were happy and felt safe living at Welshwood Manor. People's relatives were complimentary about the care their loved one received. Staff spoke with confidence about the leadership of the home.

We observed staff interacting meaningfully with people. They appeared to know people well and anticipated their needs.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (24 November 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 23 November 2022. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve systems in place to monitor the quality and safety of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. 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.

We also looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Enforcement and Recommendations

We have identified breaches in relation to medicine management, management of risk and the providers governance and quality monitoring processes at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections has been included at the end of this report.

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 well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

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 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 two 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

Welshwood Manor 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. Welshwood Manor is a care home with 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 our inspection there was not a registered manager in post. A new manager had been in post for three months and had submitted an application to CQC to register. We are currently assessing this application.

Notice of inspection

This inspection was unannounced. Inspection activity started on 22 November 2023 and ended on 21 December 2022. We visited the location's office/service on 23 November 2023.

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 professionals who work with the service. We 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. We used all this information to plan our inspection.

During the inspection

We observed the care provided to help us understand the experience of all people, in particular those who could not talk with us. We spoke to 2 people who live at Welshwood Manor, 1 visiting professional and 4 staff members, including the manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed 4 people's care records and 5 staff files in relation to recruitment and staff supervision.

We also reviewed a range of records relating to the management of the service, including policies and procedures and quality audits.

Following the inspection we spoke to 7 relatives of people who live at Welshwood Manor and continued to seek clarification from the provider to validate evidence found.

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. 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.

Using medicines safely

- The provider could not be assured medicines had been administered as prescribed. The medicines administration record [MAR] for the 10 days starting on 14 November 2022 contained four incidents in which staff had not signed to say they had supported people to take their medicine. This meant staff may not have administered people's medicines consistently. Please see the well led section of this report.
- People did not always receive the medicines as they had been prescribed. During November 2022 there were two incidences where people received a lower dose of medicine than they had been prescribed.
- Staff were trained in administering medicines, this was followed up by competency assessments which were repeated annually or following any medicine errors. However, we observed staff snap medicine in half with their hands and leave medicine in a pot on the table in front of people and then sign the medicines administration records as administered. This placed people at risk of not taking their medicines as they were not observed doing so.
- People's medicine records did not contain person centred details about how they liked to take their medicines and did not include guidance for staff on how to support and encourage people with their medicine, in the event of a refusal.
- The manager was unable to provide medicine audits prior to November 2022. Where recent medicine errors had occurred, these had not been reviewed and actions had not been recorded to prevent the likelihood of reoccurrence. This meant medicines were not being managed safely.

The provider had failed to ensure risks related to medicines were appropriately managed. This was a breach of Regulation 12 (Safe care and treatment) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The manager was new and committed to driving improvement. They responded to the concerns raised and sought to rectify them.

Assessing risk, safety monitoring and management

- The provider did not always ensure risk to safety was well managed. The manager provided the fire folder containing people's personal emergency evacuation plans (PEEPs). Emergency plans detail the support each person would require in the event of an emergency evacuation. However, the record of PEEP's did not match the residents list provided earlier in the day.
- The PEEP for 13 rooms had conflicting information from the residents list. For example, three rooms listed as empty on the PEEPS had three people living in them on the residents list. This put people at significant risk of harm and their safety compromised in the event of a fire emergency.

- We reviewed whether safety of the premises was monitored. We saw that actions from the latest fire checks had been completed and suitable checks of the environment and equipment were in place. However, fire drill records reviewed for the period January 2022 to October 2022 were all completed during the day. There was no evidence drills were conducted for night staff.

The provider had failed to do all that was reasonable to mitigate risks to service users to ensure they were safe at all times. This unnecessarily exposed people to risk of harm and contributed to the breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care plans contained person-centred information which ensured staff understood the needs of the people they supported.
- Risk assessments had been completed and included support for people to manage the risks relating to skin breakdown, mobility and catheter care.

Staffing and recruitment

- Minor improvements were needed in the staff recruitment files to ensure they met with the requirements of the regulation. Gaps in employment were not fully explored.
- Staff were subject to Disclosure and Barring checks (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were safe. We observed enough staff in communal areas and call bells were answered in a timely manner. One relative told us, "Call bells are answered promptly, there are enough staff. They walk past and check on (relative) often."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The service had safeguarding systems in place and, where requested, concerns were appropriately investigated. However, the provider did not have systems in place to ensure lessons were learned from accidents and incidents.
- People told us they felt safe at the service and were confident asking for support. We observed people were relaxed and familiar with staff. One person told us, "I feel safe living here, why wouldn't I."
- Relatives told us they felt their family member was safe at Welshwood Manor. One relative told us, "Safe? Yes. (Relative) is at risk of falling. Has a frame to get about. Normally staff watch over them."
- Staff had completed safeguard training. Staff told us they were comfortable raising concerns with the manager and were confident any safeguarding concerns would be addressed accordingly.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. Face masks were not always worn correctly.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. On arrival to the service, staff did not undertake relevant checks for signs of illness such as temperature check.
- 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 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 in care homes

- The provider was facilitating visits for people living in the home in accordance with the current government guidance.

We have also signposted the provider to resources to develop their approach.

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. 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.

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

At our last inspection the provider had failed to have effective systems in place to monitor the quality and safety of the service. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvements had been made at this inspection and the provider was still in breach of regulation 17.

- The nominated individual is responsible for supervising the management of the service; however, they did not have effective oversight of the quality of care and support being delivered. There were no mechanism or expectation in place for senior staff to formally report issues relating to the day to day management of the service. This put people at risk of receiving unsafe care.
- The provider's governance arrangements, in the period since the last inspection, were not reliable or effective in identifying any shortfalls in the service. Health and safety audits were either not completed or incomplete and showed no analysis of information to identify where improvements needed to be made.
- The provider's audit arrangements had not identified out of date fire safety and evacuation procedures in place, as detailed in the safe section of this report. This meant people were placed at risk of harm in the event of a fire emergency.
- The provider did not have effective systems in place for the oversight of people's daily notes and staff hand over reports. Recorded information in staff hand over reports did not always accurately reflect people's current care and welfare needs. Therefore, staff were not always aware of any changes in people's support and their responsibilities during each shift.
- Quality assurance systems were ineffective and had failed to identify the concerns, as detailed in the safe section of this report, in relation to medicine practises and procedures. This meant errors continued to occur and there was little evidence of learning from events to prevent reoccurrence.
- The provider did not have systems in place to ensure lessons were learned from accidents and incidents. The manager was unable to provide any recorded information, during this inspection, of any accidents or incidents since the last inspection.

Whilst we found no evidence that people had been harmed, the systems in place to monitor the quality and safety of the service were not effective. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider and manager took an open and collaborative approach to the inspection process and recognised that improvements were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- People we spoke to were complimentary about the staff. One person told us, "Staff are very good. I don't have to wait too long for staff to attend" and another said, "I'm very happy living here, the staff meet all my needs."
- Feedback from relatives was positive about staff and how they cared for people. One relative told us, "Staff are cheerful and helpful. I'm happy that my (relative) gets the care that's needed," whilst another told us, "It's the atmosphere, friendly like a family."
- We observed how staff interacted with people in a friendly and caring way. People were supported to participate in social activities provided and appeared very engaged. One relative told us, "Atmosphere is good. There was singing the other day. It's friendly and the resident's wave when they see you. If there's somebody new one of the carers will sit with them."

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

- People were encouraged to be actively involved with changes to the service. Monthly residents' meetings were in place where people could discuss and provide feedback of the service received. Actions were taken as a result to concerns raised. For example, people enjoyed the food on offer, however, there were complaints portion sizes were too big and they did not like to waste food. Immediate action was taken to reduce portion sizes and at the following residents meeting, discussions reflected people's approval.
- Relatives told us they were able to approach the manager with any issues and were kept informed about any changes in the service. Comments shared included, "I've spoken to the manager. I gave a lot of information about my (relative). Likes and dislikes etc," and "The home has started a monthly newsletter. It tells you about new staff and activities etc."
- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One staff member told us, "[Manager's name] is really good, we can go to them with anything and they do their best to get it sorted."

Working in partnership with others

- The care manager worked effectively with health professionals to ensure people's needs were recognised and any issues resolved. Professionals told us, "The service has improved since [Manager's name] has been here. Sometimes too many agency staff which makes it less person centred but the manager is working on that."
- The manager was open and honest about the concerns within the service and acknowledged they had work to do to improve the shortfalls identified. They had engaged the service of the local authority quality team to support the changes needed to sustain improvements.

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 People who use services and others were not protected against the risks associated with poor medicine management and management of risk associated with fire safety

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality and safety of the service were not effective

The enforcement action we took:

We have issued a warning notice