

Shaw Healthcare (Group) Limited

Wellesley Road Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Wellesley Road Care Home is a residential care home providing personal and nursing care to 57 people aged 65 and over at the time of the inspection. The service can support up to 60 people in one purpose-built property which is divided into six units, each with separate communal facilities.

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

People and family members told us they felt the home was safe. The home had procedures in place to ensure people were safe from abuse or harm. Staff members understood their roles and responsibilities in ensuring people were safe.

People's medicines were stored and administered safely. Staff administering medicines had received appropriate training and assessments of their competency.

The home had carried out regular risk assessments of people, premises and care practice. These had been regularly reviewed and updated when there was any change. The home followed current best practice guidance in ensuring people were safe from the risk of infection.

Staff were recruited in a safe way. Appropriate checks, including checks of references and criminal records had been carried out prior to appointment.

The home's policies and procedures were regularly updated and reflected best practice and current guidance for care homes. Regular quality assurance monitoring had been carried out and actions had been taken to address any concerns. Although there were some gaps in weekly medicines monitoring records, daily monitoring of medicines ensured errors were immediately identified and acted upon. People and their family members had been asked for their opinions about the care provided at the home. Regular staff meetings had taken place. Staff spoke positively about their roles in supporting people. Staff were generally supportive of the management, but some felt that team work and information could be improved.

The provider acted immediately to address issues raised at inspection.

The registered manager had worked in partnership with other professionals to ensure people received the care and support they required.

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 Good (Report published 27 January 2018).

Why we inspected

This was a focused inspection carried out due to the length of time since the previous comprehensive inspection of the service.

We 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.

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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Wellesley Road 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 Care Act 2014.

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

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 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 lived at the home and 11 staff members including the registered manager, the deputy manager, the operations manager, a nurse and seven care staff.

We reviewed a range of records. We looked at eight care records, multiple medicines records and six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We had contact with two relatives of people living at the home, two external professionals and two care staff.

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 Good. At this inspection this key question has remained Good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Information about the medicines that people were prescribed was included in their care records. Staff had guidance on when and how to give people PRN (as required) medicines, for example, for the relief of pain. However, the PRN guidance for one person was not available to us during our inspection. The registered manager provided a copy immediately after the inspection and said they would ensure that PRN guidance was always easy to access by staff.
- Daily counts of medicines were in place. This ensured that errors in administration of medicines were immediately identified and acted upon. The provider had a system for auditing medicines on a weekly basis. However, we found some weekly audits had not been recorded. The registered manager said they would investigate this and ensure weekly audits were fully recorded in the future.

We recommend the provider seeks guidance on ensuring PRN records and audits are up to date and easily accessible to staff.

- Staff had received training in medicines administration. Medicines were administered by nurses who had received appropriate training. The registered manager had carried out assessments of staff competency in administering medicines.
- Medicines administration records (MARs) were accurately completed.
- Medicines were securely stored and maintained at safe temperatures.
- The provider had policies and procedures covering the safe administration of medicines. These were up to date and reflected good practice guidance.

Assessing risk, safety monitoring and management

- Personalised risk assessments had been developed for people living at the home. These had been reviewed regularly and updated when there were any changes to people's needs.
- People's risk assessments covered a range of identified needs, such as health, mobility, falls, skin integrity and nutrition. They included guidance for staff members on how to support people in ways which reduced risk to people's safety and well-being. Guidance was linked to people's care plans which were clear and well written.
- During the inspection we observed a staff member attempting to hoist a person single-handedly. This was pointed out to the deputy manager who immediately provided assistance. The provider took immediate action to investigate this failure and put actions in place to address it, including additional refresher training and competency assessments in moving and handling of people.
- Equipment such as hoists for supporting people to transfer had been regularly serviced in accordance

with LOLER (Lifting operations and lifting equipment regulations).

- Regular health and safety monitoring of the building had taken place. Inspection and servicing of fire equipment, gas and electrical safety and portable electrical appliances had been carried out.
- Staff had received fire safety training and regular fire drills had taken place. We saw that fire drills had been used as opportunities to refresh staff members' knowledge. Personal emergency evacuation plans had been developed for people which provided information about the support they required should there be a need to evacuate the building in an emergency.

Preventing and controlling 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 preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Systems and processes to safeguard people from the risk of abuse

- The provider had policies and procedures in place to safeguard people from harm or abuse.
- Staff had received training on safeguarding adults. They understood their responsibilities in ensuring that people were protected from the risk of harm. They told us they would immediately report any suspicion of abuse or poor treatment.
- The home maintained a record of safeguarding concerns that included actions taken.
- Family members said that they had no concerns about the safety of their relatives. A family member said, "Even when we were not able to visit, I had enough information to make me sure that [relative] was being well looked after."

Staffing and recruitment

- Staff were recruited safely. The provider had carried out checks of references and criminal records to ensure that new staff were of good character and suitable for the work they were undertaking.
- Staff members received an induction when they commenced working at the home and regular training and supervision was provided throughout their employment.
- We saw there were enough staff on shift to support people's needs. Call bells were responded to promptly. A person said, "Staff are good. They always help me quickly when I need them." Staff told us there were enough staff to meet people's needs. One said, "Sometimes we have to ask a manager or a staff member from another unit to help out if there is an incident, but usually we have enough staff around to help people. An incident where a nurse was unable to attend a night shift had been managed safely by the provider and notified to CQC. We discussed this with the registered manager who told us that that such incidents were unusual. We saw the provider had procedures in place to cover staff shortages. The registered manager told us these were always followed
- The operations manager told us staffing ratios were reviewed regularly and additional staffing would be provided to meet significant changes in people's needs.

Learning lessons when things go wrong

- The registered manager had worked with other professionals to develop improved practice in relation to infection prevention and control.
- Staff had received additional training and guidance in response to incidents at the home.

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 Good. At this inspection this key question has remained Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Care staff spoke positively about their understanding of people's needs and their roles in supporting these. They told us they received the training they needed to carry out their roles. However, some staff told us team working was not always good. Although the majority of staff spoke positively about the management of the home one staff member said, "I don't always feel we get enough information." Another staff member said, "When we raise concerns, we don't always hear back so it feels like they haven't done anything."
- The registered manager and deputy manager were both relatively new to the home. They described how they were working with staff to develop and improve communication. We saw, for example, the frequency of staff meetings had increased. Care and communication records were clearly written. The registered manager said he was working with staff teams to improve communication within the home.
- Family members of people living at the home told us they had received information about their relatives and were engaged in meetings about them. A family member said, "When we can't come in, they do video calls so I can see [relative] and know they are OK."

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 provider had sent notifications to CQC about care matters as required by legislation. We were shown records of these which we noted were in accordance with what we knew about events at the service.
- The home's records showed that incidents or concerns were promptly reported to the commissioning local authority and other key professionals.

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

- The provider had systems in place to monitor the provision of care and safety at the home. Regular monitoring checks had been carried out. Immediate action had been taken to address issues and concerns following quality checks.
- Regular quality monitoring included checks of care records, medicines records and safety. However, we noted weekly monitoring of medicines had not always been recorded. We have addressed this under Safe.
- The registered manager and staff members understood their roles and responsibilities.

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

characteristics

- People and their family members had been asked for their views about the care and support provided at the home.
- For people who did not have capacity to make their own decisions and had no family members or other advocates, the provider had made arrangements for regular visits by a relevant person's paid representative (RPPR). The RPPR came from an independent organisation and visited people on a monthly basis. They provided detailed notes of their visits to people along with recommendations or suggestions that were followed up at their subsequent visit.
- People's care records included information about their communication needs, along with guidance for staff on how to meet these.
- Family members told us they were kept informed about any issues or changes in relation to their relative's needs.

Continuous learning and improving care

- Regular team meetings and staff supervisions had taken place where staff had opportunities to discuss care practice.
- The registered manager held a daily meeting for senior staff where current issues were discussed and actions agreed.

Working in partnership with others

- Records showed that regular contact with other health and social care professionals had taken place to meet people's changing needs. An external professional we spoke with told us, "The staff are proactive in getting in touch when they have concerns about someone."
- The registered manager regularly participated in a range of meetings to ensure that they remained up to date with best practice issues and guidance.