

Andrew Care Ltd

Welby Croft Residential Home

Inspection report

Crossings Road
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High Peak
Derbyshire
SK23 9RY

Tel: 01298812797

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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?

Good ●

Summary of findings

Overall summary

About the service: Welby Croft Residential Home is a residential care home registered to provide personal and nursing care for up to 24 people aged 65, some of whom were living with dementia. There were 24 people living there at the time of the inspection. The accommodation is based across two floors, with communal areas on the ground floor and large landscaped gardens.

People's experience of using this service:

The service met the characteristics of good in all areas.

People continued to receive safe care. There were enough staff to support them and they were recruited to ensure that they were safe to work with people. People were protected from the risk of harm and received their prescribed medicines safely. Lessons were learnt when mistakes happened.

The care that people received continued to be effective. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff received training and support to be able to care for people well. They ensured that people were supported to maintain good health and nutrition; including partnerships with other organisations when needed. The environment was adapted to meet people's needs.

People continued to have positive relationships with the staff who were caring and treated people with respect and kindness. They were able to get involved in activities and pursue their interests. Staff knew them well and understood how to care for them in a personalised way. There were plans in place which detailed people's likes and dislikes and these were regularly reviewed. People knew how to raise a concern or make a complaint and the registered manager managed any complaints in line with the provider's procedure.

The registered manager was approachable and there were systems in place which encouraged people to give their feedback. There were quality structures in place which were effective in continually developing the quality of the care that was provided to them.

More information is in the full report.

Rating at last inspection: Good: report published on 16 July 2016

Why we inspected: This was a scheduled inspection based on previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

Welby Croft Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was completed by one inspector and one 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: Welby Croft Residential Home is a care home. People in care homes receive accommodation and personal care. 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: The inspection was unannounced.

What we did: We used information we held about the home which included notifications that they sent us to plan this inspection. We also used the completed Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, the provider had completed this ten months prior to our inspection and we therefore gave them opportunities to update us throughout the inspection.

We used a range of different methods to help us understand people's experiences. We spoke with nine

people who lived at the home about the support they received. As some of the people found verbal communication more difficult, we also observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We also spoke with five people's relatives to gain their feedback on the quality of care received.

We spoke with two deputy managers, one senior care staff, three care staff, and the provider. We reviewed care plans for five people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management, meetings minutes and quality audits.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- ☐ Staff knew how to recognise abuse and protect people from it. One member of staff told us, "I would speak with one of the managers straight away if I was at all worried."
- ☐ One person told us, "I feel very safe as the staff look after me really well."
- ☐ When safeguarding concerns were raised, they were reported and investigated to keep people safe.

Assessing risk, safety monitoring and management

- ☐ Risks to people's health and wellbeing was assessed, managed and regularly reviewed.
- ☐ One person said, "I had a few falls when I was at home on my own but not since I've been here. They are careful not to let me fall." A relative of another person confirmed, "I come here a lot and I see them rush to people if they see them struggling to get up. The staff are very good."
- ☐ We saw people being supported in line with their risk assessments; for example, being moved with the assistance of staff or using pressure relieving cushions to protect their skin.
- ☐ The environment was checked regularly to ensure that it was safe and well maintained.
- ☐ There were plans in place for emergency situations such as fire evacuation and these were personalised.

Staffing levels

- ☐ There were enough staff to ensure that people's needs were met safely.
- ☐ We saw that staff had time to spend with people throughout the day and to respond promptly when assistance was requested.
- ☐ One person said, "During the day, the staff are always around so if you want anything you can just tell them. At night I don't often need any help, but they come quickly when I press the buzzer if I do." One relative also told us, "They are not short staffed. The staff have a lot to do which means they can't do everything at once, but nobody has to wait very long for things."
- ☐ There were systems in place to plan staffing levels according to individuals' needs.
- ☐ The provider followed recruitment procedures which included police checks and taking references to ensure that new staff were safe to work with people.

Using medicines safely

- ☐ Medicine systems were organised and people received their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- ☐ One person told us, "The staff are very good. They bring my tablets and a drink of water and wait until I've taken them."
- ☐ We observed medicines being administered and saw that the staff took time with people and explained what they were doing to reassure them.

- Some people were prescribed medicines to take 'as required'. There was guidance in place to support staff to know when this was needed. One relative told us this worked well for their family member. They said, "It's not always easy to tell if [Name] has any pain because they don't say anything and are very stoical. However, the staff can gauge it and will offer [Name] some pain relief."

Preventing and controlling infection

- The home was clean and hygienic which reduced the risk of infection.
- One relative told us, "It is always clean and there are no bad smells."
- We saw that there was protective equipment available to staff when needed.

Learning lessons when things go wrong

- Lessons were learnt from when things went wrong and actions taken to reduce the risk. For example, if people did have falls these were recorded and analysed. Action was taken to avoid repetition which included changing the environment, ensuring people were wearing safe shoes or referrals to health professionals.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's needs and choices were met in line with national guidance and best practice.
- ☐ Their care plans contained information to support specific health conditions, dietary requirements, mental health support etc.

Staff skills, knowledge and experience

- ☐ People were supported by staff who had ongoing training. One person told us, "The staff are very good. They help me to get dressed if I need a hand and they are very gentle."
- ☐ One member of staff said, "I have done lots of training and there is always someone here to help me if I need help. All of the managers are really supportive."
- ☐ Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. One newer member of staff told us, "It's really good here as we have more time for residents. I did a whole week of shadowing experienced staff across different shifts before I started working on my own. It was a good chance to get to know the people who live here."

Supporting people to eat and drink enough with choice in a balanced diet

- ☐ People were supported to have balanced diets and made choices about the kind of food they enjoyed.
- ☐ One person told us, "The food is good. I really like the breakfasts here. You can have anything you want. Sometimes I have bacon and egg and sometimes I might just have porridge." Another person said, "There's always a few different things at lunchtime and the staff ask what you want."
- ☐ We saw that when people needed support from staff to eat, this was given patiently and staff spoke with the person, putting them at ease. A relative told us, "My relative picks and chooses. One day they will eat like a horse and the next day they turn their nose up at everything. The staff are very patient with them and they record everything in a daily log. So, if they had a good meal yesterday, for example, they won't worry if they pick at it today as long as they're drinking plenty."

Supporting people to live healthier lives, access healthcare services and support and providing consistent care across organisations.

- ☐ There were good relationships in place to ensure that people saw healthcare professionals when required.
- ☐ One relative told us, "They will always get in touch with the family if [Name] isn't well or they are worried about them at all. They do involve us all the time. They will get in touch with the doctor too."
- ☐ Some people needed regular support from district nurses and there were arrangements in place for them to visit on a daily basis.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- ☐ People told us, and we observed that staff assisted them to make their own decisions. One person said, "The staff are always asking me if things are okay and I'd soon tell them if I didn't like anything."
- ☐ When people were unable to make their own decisions, staff told us how they consulted with families and other professionals to ensure people's best interests were considered.
- ☐ DoLS authorisations were in place when some people had restrictions that they couldn't consent to, and we saw further applications were in progress. Staff understood the DoLS to ensure that they were meeting the requirements of the MCA.

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

- ☐ People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations of the environment.
- ☐ The home had been planned to support people to feel at home and to find their way around easily. People's bedrooms were decorated like a front door and they were different colours to differentiate them. There was a shop and a hairdresser salon as well for people's convenience.
- ☐ One corridor was called 'Memory lane' and there were tickets and programmes from various concerts and events displayed on the walls, together with other memorabilia for people's interest and to stimulate conversation.
- ☐ The service supported people's independence through the use of technology and equipment. For example, there were call bells for people to use. One person said, "I have only ever needed it once but it is good to know it is there."

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- ☐ People had caring, kind supportive relationships with the staff who supported them.
- ☐ One person told us, "I won't give them excellent because if you give people excellent then they never improve and might start to slip. I'd give them all very good. Seriously though, they are marvellous. They are kindness itself."
- ☐ A relative also said, "The staff are fantastic. I come here a lot and so do other family members and we've seen nothing but kindness towards people here."
- ☐ We saw caring interaction between staff and people throughout the inspection. One member of staff said, "I really love it here; I like to support people at night and make their rooms really cosy for them."
- ☐ People received support based on their beliefs and culture. One person told us about their religious beliefs and how staff supported them to practise and to see their minister.

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

- ☐ People were enabled to make choices about the care they received. One person told us, "I please myself where I want to be. Sometimes I watch TV in my room and sometimes I come into the lounge." Another person said, "I'm very happy here. I have this lovely room and I can see the garden. I can please myself what I do. I like to sit here doing my knitting. I have my own phone which my daughters bought for me, so I can ring them, and they can ring me."
- ☐ Some people were less able to express their choices and we observed staff alter their communication style to assist them. They spent time explaining options or showed people objects to assist them.

Respecting and promoting people's privacy, dignity and independence

- ☐ Dignity and privacy were upheld for people to ensure that their rights were respected.
- ☐ We saw staff knock on people's doors before entering and ask for their permission to talk with us.
- ☐ There was a display of a 'Dignity tree' which people had completed to demonstrate what was important to them. It had words like 'Peace' and 'Posture' and one person had written, 'Don't rush me.' Staff told us it reinforced how they should act with people.
- ☐ People's families and friends could visit without restriction. One relative said, "We can come at any time to visit and are always made welcome. It's a real home from home and people can make their own choices."
- ☐ Special occasions were celebrated with people, including their birthdays. When we inspected there were Christmas decorations and trees throughout the home to create a festive atmosphere for people.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

Personalised care

- ☐ People were supported by staff who knew them well and helped them to plan for things they wanted to do.
- ☐ There were activities planned throughout the week and included at least one outing. One person told us, "The outings are super. Everybody likes them. We all had a lovely Christmas dinner yesterday. They also have someone in to do our nails from time to time."
- ☐ One relative said, "They are brilliant here with activities. There are so many outings. People have a better social life than I do."
- ☐ People told us they had been to Blackpool, Liverpool, the Imperial War Museum in Manchester and on canal trips. There were also Christmas activities organised such as reindeer visiting the home.
- ☐ Each week people were visited by one of the providers who spent time individually ensuring people were happy and asking them what their 'wishes' were. These had led to other activities being organised, including a cheese and wine evening.
- ☐ There were care plans in place which were detailed and regularly reviewed. One relative told us, "It's been very hard because we never wanted [Name] to come into a home at all, but the manager and the deputies here are great. They are really kind and reassuring and have made sure that we've have been involved from the word go in the care plan."
- ☐ There were regular individual reviews completed and daily handover meetings and records. This showed us that the systems in place enabled staff to know about any recent changes in people.

End of life care and support

- ☐ People had plans in place for the end of their life, including choosing when they would want to be resuscitated.
- ☐ One person told us, "I went through everything with them. They know all my preferences and they know what I want when I come to the end. I don't want my family to be worrying."
- ☐ One relative also said, "When my relative first came here, we went through everything. We talked about their likes and dislikes and about their end of life wishes. It seemed a bit morbid at the time, but it was a good thing to do so everybody knows what they want and who to involve. The doctor went through it with us as well and was very kind."
- ☐ We spoke with another person who told us about the death of their partner. The deputy manager explained the arrangements that had been made so that the couple could be together at the end and how they supported the person in partnership with health professionals to die at the home which was their wishes.

Improving care quality in response to complaints or concerns

- ☐ People knew how to make complaints and were confident that they would be listened to. However, nobody we spoke with had any reason to complain.
- ☐ When complaints were received, they had been reviewed in line with the provider's procedure.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning, improving care and understanding quality performance, risks and regulatory requirements

- ☐ There were quality audits in place to measure the success of the service and to continue to develop it. For example, there were infection control and medication audits monthly which had actions for improvement recorded.
- ☐ Some staff had been given lead roles so that they could develop expertise and support other staff. For example, one deputy manager was the infection control lead and had introduced a new audit. They had also taken on responsibility of line managing domestic staff to ensure there was clear communication and understanding of responsibility.
- ☐ The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.

Managers and staff are clear about their roles, and promote person-centred, high-quality care and support.

- ☐ Staff were well supported and able to develop in their role. Staff told us that they had regular supervisions and support from line managers to assist them.
- ☐ Staff spoke positively about the culture of the home, and described how much everyone cared about the people they supported and wanted to ensure they had good lives. This was reinforced by one relative who told us, "I've seen the manager and the deputies around a lot. It's a big happy family here."
- ☐ All staff understood their roles and responsibilities and there were clear lines of delegation. They told us who they would report any concerns to on a day to day basis. One person confirmed, "I am very happy here and I think the leadership starts at the top. Everybody knows their job."

Engaging and involving people using the service, the public and staff

- ☐ There were regular meetings with people who lived at the home and their relatives. These were used to plan activities, decoration of the home and to share information about staffing and plans for the future.
- ☐ Staff had regular team meetings and they told us they felt comfortable to speak freely in these meetings.

Working in partnership with others

- ☐ There were strong relationships with local health and social care professionals, churches and social groups.
- ☐ The deputy managers also told us that the provider was approachable, supportive and visited several times a week. We saw that they knew people well and had friendly relaxed relationships with staff.