Colten Care Limited

Wellington Grange

Inspection report

Broyle Road
Chichester
West Sussex
PO19 6ED

Tel: 01243755200
Website: www.coltencare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service
Wellington Grange is a residential care home providing personal and nursing care to up to 76 people. The service provides support to older people and younger adults. At the time of our inspection there were 60 people using the service. Accommodation is arranged over three floors with those who require nursing care on the second floor. There are three passenger lifts linking each floor and the home has an attractive accessible garden.

People's experience of using this service and what we found
Shortfalls in the provider's systems for monitoring quality had not identified inconsistent practice and some inaccurate records. This was an area of practice that needed to improve. Following the inspection, the provider confirmed the actions they taken to address these issues.

People were receiving a personalised service by staff who knew them well. People described having a good quality of life and feeling they were in control of their care. One person said, "It's lovely here. It's as good as it could be."

Risks to people were assessed and managed and people received their medicines safely. Staff understood their responsibilities for safeguarding people. 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.

The provider had effective systems for monitoring incidents and accidents and for making improvements. One staff member told us, "Our systems are very good in analysing issues and helping us focus on areas that need more attention. We have seen real improvements for people including for example, a reduction in falls."

People were supported to remain connected with the local community and described involvement with a number of local groups and charities. They told us they were leading full and busy lives and described having access to activities that were relevant and of interest to them. One person said, "I found it lonely at home, I have everything I need here."

Staff were knowledgeable about people's needs and responsive to changes. People were supported to plan for end of life care and described kind and caring staff. People and their relatives knew how to complain and described an open culture where they felt able to raise any concerns.

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 (published 1 March 2018).

Why we inspected
This inspection was prompted by a review of the information we held about this 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.

We undertook a focused inspection to review the key questions of safe, responsive 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 good, based on the findings of this inspection.

Follow up
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 safe. Details are in our safe findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive 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**

Wellington Grange

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 three 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
Wellington Grange 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. Wellington Grange 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 a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We 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 9 people and 2 relatives about their experience of the care provided. We spoke with 10 staff members including the registered manager, clinical manager, clinical lead, 2 nurses and 5 care staff. We spent time observing how staff interacted with people. We looked at 5 care plans in detail and sampled others. We looked at 3 staff records and records relating to the management and governance of the service.

Good

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 has changed to good. This meant people were safe and protected from avoidable harm.

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

- Risks to people were assessed, monitored and managed effectively. There had been improvements in risk management since the last inspection.
- Risks to people were identified and assessed. We saw examples of risk assessments for people's health needs including for risks of malnutrition, skin integrity, pressure wounds, choking and mobility. Risk assessments were comprehensive and had been regularly reviewed and updated. There was clear guidance for staff in how to support people to manage risks.
- One person was assessed as being at risk of choking. A referral had been made to Speech and Language Therapist (SaLT) and the person was having a suitably modified diet. Staff were aware of the risks of choking, we observed how they ensured the person was provided with adapted cutlery to support them to remain independent. Staff were attentive and offered support throughout the meal. This meant risks of choking were managed in a discreet and proportionate way to support the person's independence and dignity.
- There were robust systems for monitoring incidents and accidents. This supported staff to learn from mistakes and to make adjustments to improve care and reduce risks. For example, post falls analysis was comprehensive and included all identified contributing factors. This led to a reduction in falls for a person following the introduction of an alarmed mat to alert staff, so they could support the person when they were moving around.
- Staff used a 'stress reaction monitoring' approach and recorded observations and identified possible triggers when people showed signs of being distressed. Interventions were recorded and evaluated, there was involvement with relatives about how best to care and support the person.

Systems and processes to safeguard people from the risk of abuse

- People were protected from risks of abuse. Staff had received training in safeguarding and understood their responsibilities for reporting any concerns.
- People and their relatives told us they felt safe living at Wellington Grange. One person said, "I feel completely safe, there's a generous collection of staff here…they are competent at their jobs."

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. At the time of the inspection there was nobody with a DoLS in place, but staff were aware of their responsibilities including when to apply for DoLS.
● Issues of consent had been considered and recorded. For example, when use of assisted technology was considered a mental capacity assessment had been completed to determine if the person was able to consent to its use. Staff described how decisions would be made in people's best interests if they were not able to consent. Records showed how relevant people, including relatives and health or social care professionals had been involved.

Staffing and recruitment
● The provider had safe systems in place for the recruitment of staff. This included obtaining references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We have commented further on this in the well led section of this report.
● There were enough suitable staff to care for people safely. We noted how staff responded to call bells during the inspection and people told us they did not have to wait long if they needed support from staff. One person described what had happened when they felt unwell. They told us, "During the night I used the call bell. They came very quickly and called an ambulance." A relative said there were enough staff on duty, they told us, "I can always find someone."

Using medicines safely
● People were receiving their medicines safely and in the way they preferred. Medicines were ordered, disposed of, stored and administered safely. Only staff who were trained and assessed as competent were able to administer medicines to people.
● People told us they received their medicines on time and records confirmed this. One person said, "They're (medicines) given on time. It's superb. If I want to challenge things, I'm always able to and they talk to me about what I take."
● Medication Administration Record (MAR) charts were completed consistently.
● We have commented further on the provider's systems for oversight of medicine administration in the well led section of this report.

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 in care homes
● There were no restrictions of visitors and the provider's approach to visiting was in line with current

government guidance.

Good

Is the service responsive?

Our findings

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

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

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

- People were receiving a personalised service from staff who knew them well and understood their needs.
- People had been involved in developing their care plans. One person told us, "Yes, we had a discussion about it, I felt listened too, very much so."
- Care plans were well personalised, and staff were responsive to changes in people's needs. Care plans were regularly reviewed and updated. A staff member described how they had used background information in one person's care plan to help them develop a relationship with them. This had supported the person to feel more relaxed when being supported with their care needs.
- Staff described supporting people to remain as independent as possible. A relative told us, "They nurture independence. It's a skill they have. The staff are very helpful."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Some people had sensory loss or disabilities and required support with communication and information. One person had a generative condition which affected their eyesight. Their care plan included clear guidance for staff when supporting the person. We observed staff were aware of this and were communicating with the person in line with their care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to maintain relationships that mattered to them and encouraged contact within the local community. The registered manager told us how neighbours from the local community had been invited to a social get-together at the home. They explained how this had supported people to make connections with people who lived locally. One person described the positive impact this had for them saying, "I now go out with local people and regularly socialise. I feel part of the neighbourhood, and chat when out for my daily walks."
- People told us there were opportunities to take part in activities and hobbies that interested them. One person said, "I spend a lot of time in the garden, it's really beautiful out there and I love arranging flowers." Another person described attending keep fit activities, they said, "I enjoy that best of all, use it or loose it!" We observed people attending a Thai chi activity, they were clearly engaged with the session and told us

they had enjoyed it.
● There was a range of activities and opportunities for social and culturally relevant events. One person described how they were supported with their religious beliefs. They said, "I enjoy the church services. They have a local vicar who comes here, or they have a live video broadcast from the cathedral." Throughout the inspection we noted that people had access to books, magazines, games and other activities to provide stimulation and occupation.

Improving care quality in response to complaints or concerns
● People knew how to raise concerns or complaints and said they felt confident they would be listened to. One person told us, "I complained about the food. (Registered manager) listened and asked me to send an email. The food has improved a bit since then."
● Complaints were recorded and included actions that were taken to resolve issues. The registered manager told us they regarded complaints as an opportunity to learn and make improvements.

End of life care and support
● People were supported to plan for care at the end of their life. Staff considered people's diverse needs and understood how individual religious or cultural beliefs might influence wishes and decisions about their end of life care.
● Records included advanced care plans for some people identifying what was important to them and how they wished to be cared for. Examples we saw were comprehensive and holistic. For example, the impact of palliative treatment for a person's dental health had been considered and planned for.
● The registered manager spoke with passion about the provider's policy and strategy for providing end of life care. They explained how staff worked closely with health care professionals including from the local hospice, to ensure people were supported in a personalised way in line with best practice. They described how people were provided with a guard of honour when they had died as a mark of respect.
● One person described the care provided when another person was at the end of their life. They told us, "They looked after my friend in her final hours. One carer was in their room just holding their hand. It was amazing, lovely. I said to her, 'How can you bear to do it? It must be so upsetting.' She said, 'I see it as a great privilege.'"

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 good. At this inspection the rating has changed to 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

- Systems for monitoring quality were not always robust and this had led to some inconsistent practice.
- A complaint regarding conduct of a staff member had been managed and resolved through the provider's complaints system and the person was reported to be satisfied with the outcome of their complaint. However, there had been a failure to consider whether the provider's safeguarding policy should have been followed.
- Some shortfalls in records had not been identified through the provider's quality monitoring process. For example, risks associated with some medicines had not been identified within the medicine audit process. We did not identify any negative impact for people as a result of these shortfalls, but there was a risk that staff might not have all the information they needed to mitigate the risks.
- The provider undertook employment checks to assure themselves that staff were suitable to work with people. The registered manager did not have a consistent system for ensuring that all checks had been completed. Following the inspection, the registered manager confirmed that these shortfalls had been addressed.
- Staff were clear about their roles, responsibilities and accountability. A staff member told us, "I know who all the managers are, and we see them regularly." Another staff member said, "I feel confident and I love my job. I feel very safe working here because it's well managed."
- People and relatives spoke highly of the management of the home. A person told us, "(Registered manager) is good. They are willing to listen and to make things happen. They are down to earth." Another person said, "The staff reflect the management. There's a well-balanced staff team who are sympathetic to the residents. They do their job."
- When things went wrong the provider ensured appropriate actions were taken in line with the duty of candour.

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

- There was a strong focus on providing a personalised service and supporting people to have a good quality of life.
- People, their relatives and staff all described a positive culture at the home. One person told us, "It's very good here. I'm extremely glad I made the move to come here." Another person said, "They go further than most places. The staff are very caring."

● We observed staff knew people well and had developed positive relationships with people. A relative told us, "They go to great lengths to support the residents…and nothing is too much bother." Staff spoke about people in a kind and caring way, records reflected a respectful attitude.
● There were effective systems in place to support continuous learning. Staff were supported to learn new skills and described being well supported in their roles. There were systems in place to review and address staff training needs, including when incidents identified areas for learning.
● Clinical governance systems had led to improved outcomes for people. Information collected over 4 week periods was analysed by the clinical manager and areas for focus were identified. The clinical lead explained how this system had been successful in identifying the root cause of events such as falls, pressure wounds, and infections. For example, concerns about weight loss were identified for some people. Their nutritional needs were reviewed and discussed with staff including the chef, and a nutritional management plan was implemented to prevent further weight loss and improve their nutritional intake.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were encouraged and supported to be involved and engaged with the service. There was an emphasis on supporting people to feel empowered and in control of their daily life. A person told us, "We can do pretty much whatever we want. They(staff) cater to my every whim. It's client driven. You get what you ask for."
● We noted how people took ownership of groups they were involved in. For example, turning off the computer and turning out the light at the end of a group session. A person told us, "I'm keen to get things going. I'm a great knitter and I saw an advert in the paper asking people to knit tiny hats for premature babies, so I encouraged others and we've got a group doing it now." Another person told us, "Somebody had the idea of a magazine and that's going to be a regular thing now." Staff described a number of charity events that people had been involved with in the local area.
● There was a consistent approach to engagement with staff. Staff attended a monthly meeting where there are opportunities to share ideas. Staff told us their views were valued and they felt able to raise any concerns and contribute their ideas. A staff member said, "It's a really special team. We all work together to support people as best we can."

Working in partnership with others
● Staff worked collaboratively with health and social care agencies and had developed links with the local community.
● Staff described positive working relationships with health care professionals and we noted their involvement was reflected within records of people's care. For example, a pain management plan had been developed with support from a palliative care team from a local hospice.