

# Welford Court Limited

# Welford Court

## 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 caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



## Overall summary

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.

At the last inspection 22 May 2013 the service was found to be fully compliant with the regulations we looked at.

We inspected the service 6 August 2014. This was an unannounced inspection. Welford Court provides accommodation and personal care for up to 14 people with needs related to mental health, dementia and sensory impairment.

On the day of our visit there were 13 people living at the service. There was a registered manager in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

People who used the service were complimentary about the care and support they received. There were a range of activities provided to ensure that people were engaged in activities that were meaningful to them. Throughout our inspection we observed staff to be caring and attentive to people's needs. Staff were respectful and demonstrated a good understanding of people's needs.

# Summary of findings

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found the provider had not acted in accordance with the DoLS legislation and had not made appropriate applications to the supervisory body.

People's health and well-being was supported by staff arranging appointments with external healthcare professionals when required, such as a doctors . Staff communicated effectively with people who used the service and with their relatives where appropriate.

Risks associated with people's needs such as malnutrition and risk of developing pressure sores had not been properly assessed.

People received their prescribed medicines safely and as prescribed by the doctor. Controlled medicines were not stored in accordance with legal requirements.

The provider did not carry out checks to assess and monitor the quality of service provision.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

## 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 consistently safe.

We found the provider had not acted in accordance with the DoLS legislation

Staff demonstrated a good awareness of safeguarding people from abuse.

The risks associated with receiving care were not appropriately assessed.

Staffing numbers were sufficient to meet people's needs. .

People received their prescribed medicines safely and as prescribed by the doctor. Controlled medicines were not stored in accordance with legal requirements.

**Requires Improvement**



### Is the service effective?

The service was effective.

Staff had received the training they required to meet people's needs.

People who used the service had access to healthcare professionals when this was required. We saw examples of how the provider had worked with health care professionals to support them to meet people's needs.

People were supported to have sufficient amounts to eat and drink. People who used the service enjoyed the meals provided.

**Good**



### Is the service caring?

The service was caring.

Staff were seen to be caring and compassionate and they treated people with respect and dignity. Staff demonstrated they were knowledgeable about people's needs.

People and their relatives were positive about the staff who cared for them.

Staff spent time with people who used the service engaging them in meaningful activity.

**Good**



### Is the service responsive?

The service was responsive.

People's care plans were personalised and included information about people's needs, routines, preferences and what was important to them.

Relatives told us staff kept them informed of issues and people's well-being.

People felt confident in how to raise issues with staff.

**Good**



# Summary of findings

## Is the service well-led?

The service was not consistently well led.

The provider could not demonstrate that they had systems in place to assess and monitor the quality of service provision.

There were systems in place to make sure learning resulted from accidents and incidents.

Staff told us that they felt supported by the home's management team. Staff had regular supervision meetings where they could discuss their training needs and performance.

## Requires Improvement



# Welford Court

## Detailed findings

### Background to this inspection

This inspection was completed by an inspector 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.

Before our inspection we looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they are meeting the

requirements of the five key questions. We also reviewed historical data we held including safeguarding and statutory notifications. These are incidents which the provider must inform us about.

During our visit we spoke with four people that used the service and one visiting relative. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager and four care staff. We looked at four people's care files and other documentation about how the service was managed.

# Is the service safe?

## Our findings

We saw that some people living at the service may not have had the mental capacity to consent to specific decisions relating to their care. Having mental capacity means being able to make decisions about everyday things like what to wear or more important decisions like agreeing to medical treatment. The Mental Capacity Act 2005 (MCA) sets out how to act to support people who do not have capacity to make a specific decision. The provider had policies and procedures in place about the Mental Capacity Act and the Deprivation of Liberty Safeguards (DoLS). Information sent to us by the provider before the inspection informed us that 50 % of staff had received training about the MCA and DoLS.

The provider told us that 12 people who used the service had their liberty deprived in order to keep them safe. However, we found people had not had their mental capacity or best interest assessed or had an authorised DoLS in place. This meant that people may have been having their liberty deprived without proper authorisation. The provider informed us that they had spoken with the DoLS team at the local authority and had begun the process of referral.

This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at administration records for controlled drugs. We checked the stock levels of two controlled medicines and found these to be accurate against the controlled drug register. We saw that not all medicines were stored securely as controlled drugs were not being stored in a controlled drugs cabinet that complied with the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended.

This demonstrated a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

We looked at the provider's policies and procedures for medicines and at administration records and storage areas. We saw that people received their medication safely and as instructed by their doctor. We observed a member of staff administering medicines and saw that they followed the provider's policy and procedure for the safe administration

of medicines. The provider also had a policy for when people wished to manage their own medicines. We were informed that at the time of our visit there was nobody using the service who wished to do this.

We saw that records were maintained for medicines received and returned to the pharmacy. This meant the provider had an audit trail and could check that stock levels were accurate.

We spoke with four people who used the service and to one relative. All told us they felt safe. One person said "Its super here, everything is good." A relative said "My relative is well cared for and they are safe."

We spoke with a member of staff about safeguarding people from abuse. They were able to describe the different types of abuse. They knew the correct policies and procedures to follow in the event of suspected abuse, including contacting relevant authorities such as the local authority safeguarding team. They told us they had received training about this. We saw that the telephone number to contact local authority safeguarding team was in the staff office and so was accessible to all staff. Staff also knew about the provider's whistle blowing policy. This policy was also displayed in the staff office so was accessible to staff.

The provider told us that 50% of the staff employed had received training about safeguarding people from abuse in the last 24 months. All staff had received this training as part of their induction when they first began working at the home.

All staff we spoke with demonstrated that they knew how to support people's rights and that people were able to refuse elements of care if they wished to. We looked at care plans and saw that while people's preferred daily routines were recorded care plans did not set out the actions staff should take to provide care and support in the least restrictive way. We did see written evidence that people were given choice about their day to day lives. For example people often stayed up late or had their meal at a different time. We also saw that staff enabled people to spend their time as they chose to in the communal areas and in the secure garden area. Staff we spoke with were clear about giving people choice. Staff explained how they encouraged people to maintain their personal hygiene by assisting

## Is the service safe?

them to wash and dress or have a bath/shower. When people declined this assistance this was respected. Staff then returned at a later time to again offer this assistance or asked a different staff member to offer assistance.

We looked at risk assessments and plans to see if people were suitably protected. We saw that people did not have their risks of developing pressure sores, malnutrition or falls assessed. This meant that risk may not be identified and therefore staff could not take action to reduce the risk of harm. Two people who used the service had a very poor appetite and had been losing weight. While a doctor had been informed there was no malnutrition risk assessment or management plan in place. We looked at records of weight monitoring. We saw that people had not had their weight monitored since June 2014.

.We looked at staffing rotas and spoke with staff and to the provider about staffing numbers and skill mix. There was no formal method being used to calculate the actual

numbers of staff required to meet people's needs. We saw that staff on duty at the time of our visit were not rushed. They had time to sit down and speak with people who used the service. Staff we spoke with told us there were usually enough staff on each shift and they could meet people's individual needs. While we were unable to speak with people who used the service directly about staffing, we saw throughout the day of our visit that staff were in attendance and available.

We spoke with the provider and to staff about recruitment procedures. We were informed that staff completed an application form, attended an interview and pre-employment checks were carried out. This meant that potential employees were assessed regarding their skills and experience before employment was offered. We looked at the staff files for two members of staff and these confirmed what we had been told.

# Is the service effective?

## Our findings

A relative told us “ I always take my relative to the hospital appointments. The manager took my relative to the doctor once when I was unable to”. We looked at care plans for four people who used the service. We saw that people had their needs assessed and their preferred daily living routines were recorded. We also saw that people had access to healthcare professionals when this was required. For example, staff called the persons doctor or community nurse when changes were noticed or the person was unwell.

We looked at staff records and saw that new members of staff had to complete induction training. Staff we spoke with confirmed they had received induction training. This meant that new staff knew what was expected of them and were assessed as having the necessary skills to carry out their role.

Staff we spoke with told us they had received the training they required and that access to training was good. The provider sent us information about staff training in their provider information return which was sent to us prior to this inspection. We were informed that 13 of the 18 staff employed held a nationally recognised qualification in care. There was an ongoing programme of staff training which consisted of in house training, distance learning and training provided by external companies. Staff also confirmed that they received supervision from their manager. This meant that staff had opportunities to discuss their training and development needs and have their performance assessed.

From speaking with staff and observing interactions, it was clear that staff knew about people’s individual needs and preferences and knew how to communicate effectively. We observed staff intervening appropriately when people became anxious or distressed.

Two people who used the service told us they liked the meals provided. One person said “I like the food, I am not a big eater but I enjoy what I have”. Another person said “The food is very good, we get what we want”. We looked at menu records and observed the lunch time meal. The meal time was unhurried and there were enough staff in attendance to meet people’s needs. We saw that staff assisted people in an appropriate and sensitive way.

We saw that there was a varied menu on offer. There was not an actual choice of meal for the lunch time meal but staff were aware of people’s likes and dislikes. The lunch time meal looked appetising and was well presented. We saw that people enjoyed the meal provided.

Staff were knowledgeable about the dietary needs of people who used the service. Some people required additional calories in their meals and staff told us how they fortified meals with cheese and cream. People had been referred to a speech and language therapist to assess their ability to swallow as soon as a problem was identified.

Staff maintained records of food intake for people who had a low body weight to check that they had consumed a sufficient amount each day. We saw that people were offered hot and cold drinks throughout the day of our visit.



# Is the service caring?

## Our findings

We spoke with four people who used the service about staff. Everyone spoken with told us that the staff were caring and attentive. One person told us, “I know all the staff and they are very nice.”

We saw that staff communicated effectively with people. One person was at times distressed and anxious, we saw that staff offered positive reassurance. We saw staff offering to take people into the garden for a walk.

We observed interactions between staff and people who used the service. We found staff were attentive to people’s needs and that they responded in a caring, patient and compassionate manner. People who used the service were relaxed and staff supported people to engage in activities that were meaningful to them. We observed staff playing dominoes and doing jigsaws with people who used the service. We saw a staff member speaking to a person who used the service about a book they had read. People we spoke with told us about the things they did for recreation, these included watching television, listening to the radio and playing games. One person told us “I enjoy the aerobics we sit in a circle and move parts of our bodies. We all do it together and we enjoy it. I like to watch sports on TV”. We were informed that staff had recently organised a garden party to raise money for a trip out for people who used the service.

A relative told us “It’s a small home and all the staff know all about everyone. They know them so well, they don’t need to read notes about them.” This relative also said, “At tea time relatives are offered tea and a piece of cake.” There were no restrictions on visiting times. The relative said “I can come here whenever I want, I feel very welcome here.” Another person who used the service had lunch with their relative at the home on a weekly basis. We saw that relatives were encouraged to be involved in the development and review of people’s care plans.

We were unable to ask people who used the service directly about privacy and dignity. We saw that people were dressed appropriately and that staff were respectful. We spoke with staff about how they maintained people’s privacy and dignity. We were informed that privacy and dignity was included in their induction training. Staff told us how they encouraged people to maintain as much independence as possible. Staff had received training about end of life care and dignity.

Staff we spoke with were extremely positive about their work and told us they had time to spend with people who used the service. They also told us that staff worked well as a team and supported each other.

# Is the service responsive?

## Our findings

We saw that when people became distressed or anxious staff quickly stepped in and provided appropriate reassurance and distraction. We looked at daily records. These records were maintained by staff and described the care and support provided and the wellbeing or otherwise of the person who used the service. We saw that staff were flexible in their approach to people's needs. This meant that people could choose how to spend their time. For example, we saw that on occasions some people stayed up very late.

We looked at care records for four people who used the service. We saw that information about people's life history and preferences had been recorded. This information is important particularly when people may have difficulty communicating their needs, as it assists staff to get to know the person and to provide meaningful activities. We saw that one person had a 'book of memories'. Staff used this as a reminiscence aid and this encouraged effective communication.

We saw that people had 'hospital passports' in their care records which could accompany them if they were admitted to hospital. We saw that these contained information which would allow hospital staff to understand the needs of the person.

The provider had a complaints procedure and maintained records of all complaints received. We saw that appropriate action was taken and in a timely manner. When asked about making a complaint, a relative we spoke with told us they would speak with the manager and felt assured they would be listened to.

There were arrangements in place to deal with foreseeable emergencies. We looked at the provider's business continuity plan. This document set out the action that staff must take in the event of an emergency such as a power failure or heat wave. This document was accessible to staff and contained telephone numbers for staff to contact in the event of emergency and instructions as to the action staff should take. We also saw that 'personal evacuation plans' were in place for each person who used the service. These plans informed staff of the quickest and safest way to evacuate the person from the building in the event of an emergency such as a fire.

The provider enabled people who used the service and their relatives and representatives to share their views about the service. We were informed that a satisfaction survey had recently been sent out to people who use the service and their relatives. The provider was in the process of analysing the results and told us a report of findings would be produced. The purpose of the survey was to give people an opportunity to share their views about the service in a more formal way.

# Is the service well-led?

## Our findings

We were unable to speak directly with people who used the service about leadership at the service. We did see that the management team were highly visible during our visit and were actively involved in the provision of care and support to people who used the service.

Staff told us they felt supported by the management team and that they were accessible and approachable. They also told us they could raise concerns and felt they would be listened to. Staff received regular supervision from their line manager. This meant that staff had opportunities to discuss their training and development needs and had their performance assessed. Staff meetings were held every six months. Staff told us that they could provide feedback during these meetings. They also said that 'handovers' were held at every shift change and there were opportunities for discussion during these.

We saw that incidents and accidents were reviewed to ensure risks to people were reduced. We found that, following falls, appropriate action had been taken such as referral to the falls clinic and the use of assistive technology.

The provider had communication systems in place such as notice boards and newsletters that kept people who used the service, and relatives and representatives, informed of events and information that concerned the service.

The provider sent out annual quality monitoring questionnaires to people who used the service and their relatives. There were no formal quality assurance systems in place to guide practice, plan improvements or implement changes.

We looked at the provider's statement of purpose and service user's guide. This document clearly set out the ethos of the service and informed people of the provider's terms and conditions. Staff had a good understanding of the ethos of the home. Staff we spoke with were motivated and enthusiastic about their role.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment</p> <p>The registered person did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them in accordance with the Mental Capacity Act 2005 and the Deprivation of Liberty safeguards.</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines</p> <p>The registered person did not have a controlled drugs cabinet that complied with the requirements of the Misuse of Drugs (Safe Custody) Regulations 1973 as amended.</p>