

# Rotherwood Healthcare (Hampton Grange) Limited

## Gwen Walford House

### Inspection report

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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

Gwen Walford is a nursing home providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 30 people. Gwen Walford House offers full-time convalescent, residential and palliative care to residents with a dementia related illness or to those who require general nursing care.

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

People were supported by staff who understood how to keep them safe and protect them from avoidable harm. People had their risks assessed and staff had up to date guidance to keep people safe. Staffing levels were under review to ensure sufficient staff were deployed effectively to meet people's needs. People received their medicines regularly and systems were in place for the safe management, supply and disposal of medicines. Staff understood how to manage infection control risks and followed best practice. Incidents and accidents were investigated, and actions were taken to reduce the risk of recurrence.

People's needs were assessed, and care was planned and delivered to meet legislation and good practice guidance. Staff were trained and knowledgeable about people's needs and wishes. People enjoyed their meal time experiences and were encouraged to eat well. 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.

People were supported by caring staff who knew people well. People and their relatives were included and involved in how their support was planned. Their feedback was encouraged and listened to. People's privacy was respected, and their dignity maintained.

People were assisted by staff who supported them as an individual and understood their needs and wishes. Staff spent time with people, and there was a program of interesting events for people to join if they wished. Complaints were investigated, and outcomes agreed, and improvements made when needed. When people needed support at the end of their lives staff were skilled in caring for them and had links with community support.

The registered manager and their management team were open, approachable and focussed on providing person centred care. Systems were in place to monitor the quality of care provided. Improvements were planned and driven through to provide continuous improvement. Staff said they were well supported and encouraged to share ideas for improvements. The registered manager and staff had established community links to improve people's well-being.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 2 September 2017)

Why we inspected

This was a planned inspection based on the previous rating.

## 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 effective?

The service was effective.  
Details are in our effective findings below

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring 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 well-led.  
Details are in our well-Led findings below.

Good ●

# Gwen Walford House

## 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.

#### Inspection team

The inspection team consisted of one inspector and a specialist advisor who was a specialist in dementia nursing care.

#### Service and service type

Gwen Walford 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. This information helps support our inspections. We used all of this information to plan our inspection.

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 nine people who used the service and five relatives about their experience of the care provided. We spoke with 12 members of staff including the Director of Quality Assurance, the Compliance Manager, the operations manager, registered manager, clinical lead, team leader, senior care staff, and care staff. We also spoke with a visiting health professional, who regularly visited the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included nine people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We had feedback from a professional who was working with the staff team.

# 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 the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure people remained safe and safe guarding concerns were identified and actioned appropriately.
- People told us they felt safe. One person said, "I am well looked after, very safe here." Relatives were confident their family member was protected from abuse.
- Staff knew how to keep people safe, they had regular training and were confident with the systems in place.

Assessing risk, safety monitoring and management

- People had their risks assessed and there were plans in place to manage these risks to ensure people risks were reduced. People's risks were regularly reviewed updated as people changed.
- People said staff supported them to remain safe. Relatives told us staff knew their family members risks and supported them to remain safe. For example, one relative explained how staff really understood their family member and were able to encourage them to eat successfully which had greatly improved their health and well-being.
- Staff were knowledgeable about people's risks and they had guidance in place to ensure people's risks were managed. Staff had a good understanding of how to support people needs, and the guidance in people's care plans reflected this. For example, we saw staff consistently keep one person's pressure relief cushion with them as they transferred to different seats, this helped prevent sore skin.

Staffing and recruitment

- People were supported by sufficient, skilled regular staff to remain safe. When additional staff were needed these were arranged to support people. Agency staff were in place to ensure staffing levels were maintained. These were regular agency staff who knew people and their needs well. One agency member of staff explained they were given a thorough induction when they first started to ensure they were able to support people safely.
- The registered manager was reviewing dependency levels to ensure they continued to provide sufficient staff to meet people's needs. The registered manager was reviewing call bell response times as a further check to ensure people's needs were met.
- People said they knew staff and staff were available to meet their needs. Relatives said sometimes their family members had to wait for the support they needed. The registered manager was aware and had discussed staffing levels at the resident and relatives' meetings. The management team were working with staff to improve the deployment of staff to ensure people consistently had their needs met.
- Staff reported sometimes they needed extra staff and the registered manager had increased staffing

levels.

- There were checks in place to ensure suitable staff were employed at the home. We saw this practice was reflected in staff files.

#### Using medicines safely

- The management team had systems and processes to ensure medicines were administered safely. For example, medicine records were checked regularly to ensure gaps were investigated and action taken.
- People who needed support with their medicines were assisted by staff to have them as prescribed.
- Staff had received training and checks were completed to ensure they followed best practice. We saw examples of best practice guidance being followed such as how staff managed pain patch medicines.

#### Preventing and controlling infection

- There were systems in place to minimise the risk of infection. There were cleaning schedules in place and regular checks completed to ensure the systems were effective.
- Staff had been trained and had a good understanding of best practice to manage the risk of infection. For example, we saw staff were vigilant with the use of their protective clothing.

#### Learning lessons when things go wrong

- There was a system to review accidents and incidents to monitor for trends and to be open and honest when improvement was needed.
- The management team investigated incidents and accidents and took appropriate action and ensured changes were completed.
- Staff understood how to report accidents and incidents.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 physical, emotional and social needs had been assessed before they started to use the service.
- People, relatives and other healthcare professionals involved in people's care were consulted during the assessment process. This ensured information about people's needs, wishes and preferences were identified and used to inform people's care planning.
- We saw information on best practice guidance was available for staff and shared with staff by the management team.

Staff support: induction, training, skills and experience

- Staff were skilled and knowledgeable about how to support people. Staff completed an induction which included training and shadowing experienced staff. They were introduced to the people they would be supporting with experienced staff, who shared their best practice knowledge. They had the information they needed to support people well.
- People and their relatives said staff were knowledgeable and were trained appropriately.
- We saw regular training updates were arranged for staff to ensure they remained effective. For example, these included oral care training to ensure staff were knowledgeable about people's needs. These were reflected in people's care planning. Staff were encouraged to further develop their knowledge and skills through vocational training.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink a healthy diet. Systems were in place to ensure people had the nutrition and fluid they needed to meet their needs. One relative explained how staff had encouraged their family member to eat and how this had made a positive difference to their well-being.
- People said the food was good and they had choice and could have more if they wanted. People enjoyed the mealtime experience as a social event. People were offered choices with their meals and if people wanted something different, they could just ask. People were provided with dignified, respectful support with their meals when this was needed.
- Staff were knowledgeable about how to meet people's nutritional needs. When needed staff would record nutritional intake and made referrals to health professionals appropriately.
- People were offered drinks and snacks through the day and enjoyed their meal time experience.
- People's needs and preferences were recorded and there was suitable food provided to meet them.

Supporting people to live healthier lives, access healthcare services and support. Staff working with other agencies to provide consistent, effective, timely care.

- People could access healthcare services when they needed.
- We saw appropriate referrals were made to support people with their health needs.
- Staff understood people's health needs and were knowledgeable about people's health conditions.
- We spoke with a community physiotherapist who said staff made appropriate referrals and listened to their advice. They said staff were adaptable and communicated well with the community team.

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

- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access.
- There were adaptations to support people's needs such as clear signage to identify key areas for people living with dementia.

#### 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the MCA principles. There was an effective system in place to ensure people's rights were protected and staff were knowledgeable about how they supported people lawfully.
- All the staff we spoke with had a good understanding of the principles of the MCA and people were supported wherever possible to make their own decisions. Staff consistently obtained consent for people's care and support.
- Where people needed support with decisions this was recorded in their care records with clear, decision specific assessments, made in people's best interests.
- DoLS applications had been made when required. There was a system in place to ensure these were reviewed regularly and reapplied for appropriately.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind and compassionate. One person told us, "I have nothing but admiration for the staff, they are all really kind, cheerful and helpful, really good company."
- Relatives gave positive feedback about the staff and management team. One relative said, "All the staff are lovely, there is a good atmosphere here." Another relative explained how they were always welcomed no matter when they arrived.
- Staff were considerate and sensitive about issues related to equality, diversity and human rights when discussing people who they supported. Staff were quick to pick up on non-verbal messages from people and react to them, for example a member of staff noticed a person needed extra help and they were quick to offer the support discreetly.
- We saw examples of staff being consistently kind and caring throughout the inspection. Staff would sit and speak with people, reassuring them and holding their hand as a result people visibly relaxed.

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

- People made decisions about their day to day support and were asked for feedback about their views regularly.
- Staff asked people what they wanted to do and offered choices to meet their needs. One person said, "I choose what I want to do, I can eat here or in the dining room, its fine either way." We saw people were supported to make their own choices. Some people chose to get up later and staff were able to provide breakfast when people wanted it.
- There were regular meetings for people and their families to discuss their views and to look at any improvements to the home. Relatives told us staffing levels were discussed at these meetings and they felt involved and listened to.
- People's views and ideas about the service were sought through regular feedback questionnaires, where people had provided positive feedback. The registered manager was arranging a meeting to discuss new menu ideas and to provide tasters for people and their families.
- Relatives said communication was good, they felt involved in how their family member was supported and they felt involved by staff.

Respecting and promoting people's privacy, dignity and independence

- People had their dignity respected and their independence maintained.
- People told us staff respected their privacy and dignity. One person explained how they were able to go and stay with their family member when they wanted which helped them feel more independent.

- Relatives said staff always respected their family members and listened their wishes. People and their relatives had established relationships with staff and knew them well.
- Staff were careful to close doors when assisting people in their own rooms and knocked on people's doors before entering. People's dignity was maintained when staff supported people to mobilise.
- All the staff we spoke with were passionate about the people they supported and spoke of respecting their wishes, for example staff always ensured they were at the same level as people when they communicated with them.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 said they received the support they needed by staff who knew them well. The registered manager and the management team were constantly reviewing staffing levels to ensure people's needs were met in a timely way.
- Information was gathered from people living at the home and their families to build a picture about each person's care needs, preferences and history. People's care records provided information about their life history, cultural and spiritual needs and activities they enjoyed. We saw staff were able to provide personalised care tailored to the needs and wishes of the individual.
- Relative's told us people had personalised support and they were kept up to date with what was happening with their family member.
- The professional we spoke with said the service was flexible in how they supported people to ensure people had good outcomes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management team understood the accessible information standards and showed us ways in which they were meeting the standards. For example, they provided information in different formats when needed.
- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally. People's communications needs were included in people's care plans to guide staff, and staff had a good understanding of these needs. Agency staff received this information supported by handover documents.

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

- People had access to activities which were socially and culturally relevant to them. One person said they didn't have much to do but enjoyed chatting to their friends, another person told us there was always something going on they enjoyed.
- Relatives said their family members had access to activities and staff worked hard to prevent social isolation. All relatives said they were welcome at the home and could visit whenever they wanted.
- There were arranged events planned regularly, which people told us they enjoyed participating in. Staff

told us they were flexible to adapt the program to meet people's needs. We saw staff had time to spend with people either sitting and chatting or working through a quiz. People had access to a regular booklet with quiz ideas and interesting information, that staff could use with people as a focus for discussions.

Improving care quality in response to complaints or concerns

- There were systems in place to enable people and their families to complain if they needed to. People and relatives said they were comfortable to raise any concerns and were confident they would be listened to. One relative told us about an example where the clinical manager had listened to them and made an improvement which had increased their confidence with the service.
- We saw where complaints were made, these were investigated, and the complaints policy followed by the registered manager. The registered manager reviewed complaints with the provider to ensure continuous improvements were established.

End of life care and support

- People were supported at the end of their life with quality care. There were systems in place to ensure people received personalised support at the end of their life. People's views and preferences about their end of life care were recorded for staff guidance when needed.
- Staff were skilled to support people with end of life care. They were knowledgeable about how to respect people's needs and wishes.

# 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 the same. 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

- People and relatives said staff knew them well and were focussed on their well-being. We heard about and saw demonstrated a person-centred approach from staff and the management team.
- Relatives explained they had confidence in the clinical lead and staff. They said the management team were approachable and would listen and follow up anything they raised. For example, one relative attended a meeting with staff to discuss ideas for improvements.
- People and their relatives were encouraged to share any improvements ideas they identified. The registered manager was available to meet with people and their families to share ideas and concerns.
- All the staff we spoke with said the management team had created an open and positive culture at the home. Staff said the management team listened to their feedback and ideas. For example, one staff member explained they took longer to feel confident when providing support for people, and the team leader had worked alongside them to build their confidence.

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 systems in place to ensure they completed their legal responsibility. The registered manager understood they needed to be open and honest and contact families when mistakes happened. We saw the registered manager had completed this when needed.

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

- The management team and staff were clear about their responsibilities and the leadership structure. The operations manager regularly visited the home and completed regular monitoring of all aspects of the quality of the care provided. There were robust systems in place to identify the improvements needed.
- The operations manager worked with the registered manager to develop plans to complete improvements to the home and the quality of care provided which were reviewed regularly with the management team.
- The registered manager was clear about their responsibilities for reporting to CQC and the regulatory requirements. Risks were identified and escalated where necessary.

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

- People and their relatives were encouraged to contribute their views on an ongoing basis through conversations with the management team, regular meetings and questionnaires. We saw when feedback had been gathered it had been analysed and improvements considered when needed. The regular meetings discussed ideas for improvements which were incorporated into improvement plans.

#### Continuous learning and improving care

- The provider spent time at the home and drove through improvements. For example, working through audits which fed into action plans to facilitate improvements.
- We found accidents and incidents were regularly reviewed and learning used to inform future plans.
- The provider held regular meetings with managers across their services to share best practice and update on service developments and health and safety alerts. This ensured lessons were learnt across their services.

#### Working in partnership with others

- The registered manager, clinical manager and staff had established links with the community and health professionals to support people living at the home. The health professional told us management team were approachable and open to new ideas.